Denver Health and Hospital Authority

2025 Hospital Community Benefit Accountability Annual Report

Executive Summary

Since its founding in 1860, Denver Health has been committed to the health and well-being of the Denver community, consistently responding to the city's most pressing health needs. In compliance with House Bill 19-1320, we are required to complete a community health needs assessment every three years along with an annual community benefit implementation plan. Our Community Health Needs Assessment (CHNA), conducted in 2023, has established a framework for the ongoing reporting of our community benefits and targeted actions. This report documents Denver Health's activities related to these requirements, including our programmatic and financial contributions in 2025, a summary of our 2026 annual public meeting, our 2024-2026 implementation plan, and our 2023 CHNA. The completion of this work highlights Denver Health's commitment to our vision to be the most trusted health care provider in Colorado.

Initiative Reporting

2023 CHNA and 2024-2026 Implementation Plan

Denver Health's 2024-2026 implementation plan priorities were identified in the 2023 CHNA where quantitative data and valuable community input identified three key priorities:

- Access to Care
- Behavioral Health (Mental Health and Substance Use)
- Housing and Homelessness

The current report documents our annual progress in executing our 2024-2026 implementation plan, as well as our 2023 CHNA.

Community Benefit Financial Reporting

- **2024 - $176,290,023**

  While this report highlights Denver Health's Community Benefit for 2025, the financial reporting are from Denver Health's 2024 fiscal year.

Table of Contents

Summary of Public Benefit.......... 5
List of Individuals and Organizations Invited to the Public Meeting.......... 13
List of Public Meeting Attendees and Organizations Represented.......... 18
Denver Health and Hospital Authority Community Benefit and Hospital Transformation Program Meeting Agenda.......... 20
Summary of Public Meeting Discussion.......... 21
Denver Health 2023 Community Health Needs Assessment.......... 24
Denver Health 2024-2026 Implementation Plan.......... 56

Summary of Public Benefit

Denver Health has made substantial progress in each of our three community priorities: Access to Care, Behavioral Health (Mental Health & Substance Use), and Housing and Homelessness. The progress made for each initiative is described in a brief narrative below along with additional services where Denver Health is proud to go above and beyond.

In 2025, Denver Health provided approximately $140 Million in uncompensated care, ensuring patients could receive services regardless of their insurance or ability to pay. Virtual care saw a significant increase with more than 128,000 visits delivered across both primary and specialty care, showing a 4.2% increase since 2024. To further remove barriers, Denver Health provided over 18,000 individual transportation tickets, and over $12,000 in Lyft rides that were coordinated for patients needing transportation getting to their appointments. Access also expanded through language services, access to care through our 19 school-based health centers, mobile health units, health education classes, Family Connects, and the NurseLine.

Denver Health has also made significant strides in improving behavioral health and housing support. Programs like our Center for Addiction Medicine (CAM), At-Risk Intervention and Monitoring Program (AIM), and our Integrated Behavioral Health services reached thousands of patients through innovative models, peer support programs, and trauma-informed interventions. Efforts to connect patients to housing include bridge housing, recuperative care beds, and partnerships that link patients to permanent housing. Through research, training, and systems-level advocacy, Denver Health continues to integrate care where people live, work, and recover – prioritizing the whole-person needs of Denver's most vulnerable communities.

Priority Area: Access to Care

Goal: Ensure every Denver resident has equitable access to timely, affordable, and culturally responsive health care

Strategy	Activities	2025 Impact
Provide patients with access to care regardless of ability to pay	Payment of uncompensated care	$140,086,013 spent on uninsured, Medicaid, and Medicare services in 2025; this is a 3.69% decrease from 2024
Provide e-consults for specialty care	Various Denver Health specialty providers conduct e-consults to help reduce appointment demand	8,928 e-consults provided in 2025 with an average monthly number of appointments at 744; this is a 39% increase from 2024
Provide access to virtual care	Provide virtual primary and specialty care services	128,205 virtual visits provided in 2025; this is a 4.2% increase from 2024
Transportation to services	Obtain and distribute transportation vouchers, coordinate Medicaid transport, and arrange ride share for patients in need	18,000 individual rides were provided through RTD in 2025; this is a 2.4% decrease. The decrease is due to many of the tickets being purchased in 2024 for distribution in 2025. The TAG Grant will be renewed in 2026. Denver Health provided $12,000 in Lyft rides for programs such as the RED Team, TB Clinic, Access Transformative Outreach Program (ATOP), and School-Based Behavioral Health Clinics.
Workforce and Organizational Development	Enhance recruitment, training to serve the ethnically/racially diverse population of Denver	Out of our 8,562 total employee population, our staff consists of widely diverse individuals with 0.8% American Indian or Alaska Native, 5.2% Asian, 8% Black or African American, 18.0% Hispanic or Latino, 0.2% Native Hawaiian or Other Pacific Islander, 3.9% Two or more races, 54.3% White, and 9.8% preferring not to answer
Health professionals' education	A commitment to training the next generation of health care professionals	Denver Health had a total of 1,277 Residents and Fellows in 2025: a 34.8% increase from 2024. Denver Health hosted 1,049 CU and 172 Denver Health residents and fellows spanning from Emergency Medicine, Family Medicine, EMS, Toxicology, Dental, OMFS, Pediatric Dental, and Podiatry. There were an additional 56 pharmacy and psychology residents in 2025.
Metro Denver Partnership for Health (MDPH) participation	Ongoing seven-county Denver Metro Collaboration including local public health agencies (LPHAs), health systems, and regional accountable entities to address common priorities,	25+ organizations, including DDPHE, member organizations and local community-based organizations convened over three forums to promote enhanced community

	including reducing behavioral health stigma enhancing community capacity and engagement	engagement strategies. In 2025 the group focused on Firearm prevention with a multi-hospital and state department coordinated message on National Injury Prevention Day (November 18). This message reached statewide with the goal of informing the public on current state and how to securely store and own a firearm.
Language services	Improved language interpretation assistance and documents for patients that require language assistance	In 2025, Denver Health saw a 6.9% decrease in visits by patients who had a documented need for interpretation. There was a 42.7% increase in Spanish translation encounters from 2024 to 2025 (2024: 27,785, 2025: 39,661).
Policy and Advocacy for legislation that benefits the community	Advocated for bills across the spectrum of care, from prevention to funding of research and even bills related to social determinants of health, such as improving education and housing	180 bills advocated on by Denver Health 12 significant bills related to ensuring access to care in 2025.

Other Initiatives:

Denver Health has a long history of making care accessible to Denver residents, making newer, easier ways and locations available, particularly for low-income residents across the city. These are listed here in "Other" because they are partially funded through a public payer, such as Medicaid or Medicare, but not many other hospitals provide this sort of access.

- Mobile Health Units – Denver Health has 4 mobile health units that operate across the city at different locations bringing primary care, mammography, and other services to sites, such as partner non-profits that community members might trust more than going to a clinic. They saw a total of 5,923 mobile visits in 2025, which is a 25% decrease from 2024. However, this number reflects the fact that the Mammography unit being down for almost half the year. All other units reported increases in number of visits.
- SBHC – Denver Health operates 19 school-based health centers providing care to DPS students and their siblings, regardless of ability to pay.
- Special Population Clinics – Denver Health goes above and beyond in dedicated care services to many special populations. The Rose Andom Clinic should be highlighted. The Rose Andom clinic allows Denver Health to offer primary and women's care, as well as child visits on-site at the center where clients are already being connected to resources, particularly for domestic violence victims and their families.
- NurseLine – With funding from the city, Denver Health provides a 24-hour NurseLine to all residents of the city and county of Denver. This team can provide care advice and help connect patients to appropriate care. In 2025 NurseLine had 123,000 inbound calls and 29,000 outbound calls.

Priority Area: Behavioral Health (Mental Health and Substance Use)

Goal: Expand and normalize access to mental health and substance use support in both clinical and community settings

Strategy	Activities	2025 Impact
Integrated Behavioral Health	Social workers are integrated into our community and school-based primary care facilities	74,524 total visits were provided in 2025. This shows a 31.69% increase from 2024 to 2025. Patients were seen across the Denver Health integrated health settings including School-Based Health Centers and Primary Care Inpatient Behavioral Health Services.
Substance Use Navigation (SUN Program)	Employ substance use navigators to support community members in their recovery from substance use disorder	As of July 1, 2025, this program is no longer active at Denver Health. For the first 6 months of 2025, SUN had 2 care navigators, 1 peer support specialist, and 1 active program supervisor.
At-Risk Intervention and Mentoring Program (AIM)	Collaborate with community partners to access and mentor youth and adults involved with violence at a time when there is heightened readiness to change, i.e., when patients are in the Emergency Department with violence-related injuries	168 bedside interventions provided in 2025 49 trauma-informed care trainings provided in 2025 22 crisis interventions provided in 2025
Center for Addiction Medicine Academy (CAM)	Technical assistance and support to help implement comprehensive, trauma-informed treatment for substance use disorders (SUD)	In 2025, CAM Academy offered 16 Standardized Education workshops that reached 265 participants. CAM Academy also presented 35 Tailored Presentations and Technical Assistance. Totaling 1,441 total participants reached.
CAM Technical Resource and Information Line (TRAIL)	Provide a line for community members/family with substance misuse that are ready to engage in treatment and an e-consult service for Denver Health healthcare professionals who need help screening and linking their patients with SUD to care	776 total calls answered in 2025 from providers, patients, friends and family, and other; this is a 6.6% increase from 2024.
Access Transformative Outreach Program (ATOP)	Provide intensive case management with a multidisciplinary team for Colorado Access members with severe substance use disorders	55 patients supported

Transforming Health by Reducing Inequities for the Vulnerable (THRIVE)	Inter-agency collaboration and coordination to address social needs of at-risk youth, people who are justice involved and/or experiencing homelessness	With only a single peer specialist working in 2025 the following stats were provided: 265 individuals were seen, with over 965 encounters
Integrate Community Voice and Peer Support Through CAM	Focus groups with community advisory boards for CAM programming; bolster peer support	51 CAM Community Advisory Meetings held in 2025; this is a 325% increase from 2024 1,706 individuals with lived experience participated in the Community Advisory Meetings in 2025.
Family Oriented Resilience Growth and Empowerment (FORGE Program)	Train future clinicians in trauma-informed non-stigmatizing care, cultivate strong community relationships to reduce stigma and other barriers to care, and advance health system research with these historically marginalized families	All our FORGE program providers are trained in trauma-informed non-stigmatizing care Completed 2,470 visits in 2025; this is a 2% decrease from 2024 due to staff being out on extended leave during the year. 16 educational presentations provided to internal staff and 8 educational presentations to the community.
CAM Continuum of Care Evaluation	Measure the effectiveness of health system protocols and interventions to engage and retain patients in SUD treatment	In 2025 over 27,000 patients were identified with alcohol, opioid, or stimulant use disorder. 67% of patients identified with a Opioid Use Disorder received some form of treatment within 60 days of identification. Furthermore, 55% of patients identified remained in treatment for 90 days or more. Since 2021, this program has seen almost a 10% increase in patients with Opioid Use Disorder accessing treatment at Denver Health. The number of patients identified to have Alcohol Use Disorder and accessing treatment at Denver Health increased by 14% since 2021. Since 2021, patients at Denver Health identified to have a Stimulant Use Disorder have stayed stable. The number of individuals that are accessing treatment at Denver Health has increased by 12%. Additionally, 62% of patients receiving treatment at Denver Health remained in treatment for 90 days or more.
Beginning Early and Assertive Treatment for Methamphetamine Use Disorder (BEAT Meth)	Develop and evaluate a comprehensive linkage and engagement and retention in treatment program for patients with methamphetamine use disorder	BEAT Meth ended in 2025.

Transforming Health by Reducing Inequities for the Vulnerable - Jail to Community Overdose Intervention (THRIVE-JOI)	Care navigation and peer recovery specialists link people who have been incarcerated and have substance use disorders (SUD) to medical, SUD, and other BH care and social supports	In 2025, 265 individuals were linked to behavioral care and social support; this equated to approximately 970 encounters.
Utilizing Peers for Linkage, Innovation, and to Foster Thriving (UPLIFT), a Peer Support Hub and Model of Care	Establishing a peer support hub and supporting non-clinical approaches to enhance recovery	879 patients supported in 2025; this is a 167% increase from 2024 6,075 encounters documented in 2025; this is a 254% increase from 2024
Screening, Brief Intervention and Referral to Treatment (SBIRT)	Provide early intervention and screening for patients in the Emergency Room, Adult Urgent Care Clinic, and Surgery Clinic for substance use	In 2025 Emergency Room nurses performed screenings on 59,673 patients. With 2,356 patients receiving intervention by the ASSIST Health Educators. This shows that there was a 9.5% increase from 2024 to 2025 in number of patients receiving intervention by staff.
Increase Access to Methadone Through a Mobile Unit Available in More Locations	Locate MoMAT unit in at least 2 locations	12,724 doses provided in 2025; this is a 125% increase since 2024.

Other Initiatives:

Behavioral health encompasses mental health and substance use treatment work. There are many places in our community where this has come up as a priority. Denver Health provides therapy and programs to patients of all ages who are struggling with mental health issues in both an inpatient and outpatient setting, but programs also exist to benefit persons needing interventions outside of the clinic setting. Here is a list of examples of other programs we provide to the community that are funded through philanthropy, other grants, or some operational effort.

- RESTORE – Resiliency, and Equity Through Support and Training for Organizational Renewal (RESTORE) Promotes and sustain the mental well-being of the workforce; support individual, collective and organizational resilience through timely and confidential peer-delivered emotional support and psychological first aid as well as deliver trauma and resilience-informed education and training. Since their launch in 2020 our RESTORE team has provided 650,000 touches with staff. A "touch" is a point of human connection with a RESTORE Service Line. Additionally, RESTORE has had 19,500 peer support encounters in which our trained peer responders supported team members using Psychological First Aid (PFA) or providing emotional support.
- Zero Suicide - This initiative promotes best practices in suicide prevention across Denver Health. The Zero Suicide team trains Denver Health staff and has received national recognition for their work in developing a public health suicide surveillance system.
- Substance Treatment Line – Provides compassionate support and tailored solutions to people with substance use disorders as well as their loved ones. 303-952-8053
- STAR – Since its launch in 2020, our STAR program started as a single van with two staff supports per shift.

STAR has responded to a total of 33,180 calls since the program started. In 2024 STAR responded to 6,886 calls and in 2025 they responded to 7,871 calls. Bolstering a 14% increase in responses from 2024 to 2025.

- Research on Healthcare Connection with Behavioral Health patients – Denver Health participates in behavioral health research work to better engage patients to increase behavioral health care follow-up post discharge.
- VENDY - To help reduce lives lost to overdose in the Denver community, Denver Health's Outpatient Behavioral Health Services helped launch the first naloxone vending machine on Denver Health's hospital campus. The vending machine is designed to increase no-cost access to the life-saving opioid reversal drug naloxone in the Denver community through the National Institute of Drug Abuse's Vending Machine Naloxone Distribution in Your community (VENDY) program. Since its inception in January of 2025 2,503 Naloxone kits have been distributed.

Priority Area: Housing and Homelessness

Goal: Address the intersection of housing insecurity and health by embedding services within housing solutions

Strategy	Activities	2025 Impact
Provide transitional housing to Denver Health patients	Lease 14 units at 655 Broadway to provide short-term bridge housing	7 new patients were able to obtain transitional housing after discharging from the hospital.
Maintain recuperative care lease to support unhoused patients discharged from Denver Health	Lease 20 recuperative care beds each month	336 patients discharged to recuperative care beds in 2025; this is a 16.3% increase from 2024
Advocate for additional housing options for unhoused people who access Denver Health	Meeting with city and state partners to identify additional opportunities to implement door-to-door transitions from Denver Health to housing	16 patients connected to housing through warm handoff to Denver Housing to Health/SIPPRA Program in 2025; this is a 33.3% increase from 2024
Advance research on homelessness and health care and the impact of housing interventions	Point in time counts of unhoused people in the hospital; participate in evaluations of hospital-housing interventions. Use current Denver Health Homeless registry to conduct necessary research that advances care.	6 Publications in 2025, a 200% increase from 2024. 17 community committees, engagement events, and presentations. 4 Educational Projects were provided through the CU School of Medicine. A total of 240 students were reached in the following programs: - 180 students were reached through the Housing Insecurity Curriculum - 50 students attended the Longitudinal Integrated Curriculum in Healthcare for the Homeless - 10 students were involved in Mentorship

Other Initiatives:

Although most people do not associate housing and homelessness as a priority for a hospital, Denver Health recognizes the community's input on prioritizing this area of work. Denver Health saw more than 13,894 patients identified as experiencing homelessness in 2025; a 16% decrease from 2024. As an organization committed to helping our patients improve their health outcomes, for this population it is clear, we need appropriate interventions both clinically and socially to assure that patients experiencing homelessness can continue healing outside the hospital.

- Advocacy – Denver Health took an active role in securing affordable housing for our patient population. We supported or monitored 2 bills related to housing. Highlighting HB26-1202 which allowed for the creation of multijurisdictional homelessness response authorities to implement regional strategies to reduce homelessness.
- HMIS – Denver Health has recently begun connecting with the Homeless Management Information System to understand the resources available to our patients.
- HOPE (Housing Outreach, Partnerships and Engagement) – A team of professionals passionate about patients experiencing homelessness has come together to build on our partnerships and lessons learned to address

system gaps and put patients on the most appropriate and effective pathway towards housing and health.

List of Individuals and Organizations Invited to the Public Meeting

Organization	Name	Type of Agency
American Friends Service Committee	Gabriela Flora	Advocacy Organization
Asian-Pacific Development Center	Harry Budisidharta, ED	Advocacy Organization
Center for African American Health	Diedre Johnson, ED	Advocacy Organization
Center for Health Progress	Joe Sammen	Advocacy Organization
Center for Law and Poverty	Claire Levy, ED	Advocacy Organization
Civic Canopy	Bill Fulton	Advocacy Organization
Colorado Alliance for Health Equity and Practice (CAHEP)	Alok Sorwal	Advocacy Organization
Colorado Cross-Disability Coalition	Julie Reiskin, Executive Director	Advocacy Organization
Colorado Health Network	Darrell Vigil	Advocacy Organization
Colorado Organization for Latina Opportunity & Reproductive Rights (COLOR)	Dusti Gurule, ED	Advocacy Organization
Consulate of Peru	Roland Denegri Aguirre, Consul General	Advocacy Organization
CreaResults	Fernando Pineda-Reyes	Advocacy Organization
Familes Forward Rescource Center	Shawn Taylor, Healthy Start Program Director	Advocacy Organization
Servicios De La Raza	Rudy Gonzales, ED	Advocacy Organization
Together Colorado	Megan Carrier, Executive Director	Advocacy Organization
Area Agency on Aging for Colorado's Region 14	Veronica Maes	Area Agency on Aging
Area Agency on Aging of Northwest Colorado	Heather Jones	Area Agency on Aging
Denver Regional Council of Governments	Dr. Florine P. Raitano, Dir. Partnerships & Innovation	Area Agency on Aging
Denver Regional Council of Governments- Area on Aging	AJ Diamtopolous	Area Agency on Aging
Asian Chamber	Peg Moore	Chamber of Commerce
Hispanic Chamber	Mike Ferrufino	Chamber of Commerce
Denver City Council	Leon Mason	City Government
Denver City Council	Amanda Sandoval	City Government
Denver City Council	Stacie Gilmore	City Government
Denver City Council	Jamie Torres	City Government
Denver City Council	Kevin Flynn	City Government
Denver City Council	Amanda P. Sandoval	City Government
Denver City Council	Paul Kashmann	City Government
Denver Fire Department	Desmond Fulton	City Government
Denver Human Rights and Comm. Partnerships	Derek Okubo	City Government
Denver Parks and Recreation	Happy Haynes	City Government
Denver Police Department	Paul Pazen	City Government
Denver Police Department	Ron Thomas	City Government
Denver Public Library	Erika Martinez	City Government

Denver Sheriff	Elias Diggins	City Government
Elections Division	Celia Reyes-Martinez	Civic Participation
Rocky Mountain Crisis Partners	Erik Jacobsen	Colorado Crisis Service Providers
DHHA HEAT Program	Austin Collins	Community Based Organizaiton
Colorado Latino Leadership And Research Organizaion Inc. (CLLARO)	Mike Cortes	Community Based Organization
Denver Health/ Sun Valley Kitchen	Dr. Sofia Chavez	Community Based Organization
Extreme Community Makeover	Angela Bomgaars	Community Based Organization
Housekeys Action Network Denver	Terese Howard	Community Based Organization
LifeSpan Local	Melisa Jaenisch	Community Based Organization
Playworks	Andrea Woolley, ED	Community Based Organization
Clinica Tepeyac	Jim Garcia, Pres/CEO	Community Health Center
Colorado Coaltion for the Homeless	Ed Farrell- have other names/contacts	Community Health Center
Denver Health and Hospital Authority	Fr. Joseph Dang	Community Health Center
Denver Health FQHC	Simon Hambidge	Community Health Center
Denver Indian Health and Family Services	Adrianne Maddux, CEO	Community Health Center
Salud Clinic	Maisha Fields, Aurora Community Program Director	Community Health Center
STRIDE Community Health Center	Allison Draayer	Community Health Center
STRIDE Community Health Center	Susan Todd , Director of External Affairs and Community Partnerships	Community Health Center
Denver Department of Human Services	Jay Morein	Department of Human Serivces
Adams County Education Consortium	Andrea Trjuillo	Education
Anschutz Medical Campus	Regina D. Richards, PhD, MSW, Associate Vice Chancellor of Diversity Equity Inclusion	Education
CCD	Michelle Kohler	Education
Center for Work Education Employment (CWEE)	Kate Schreiber	Education
College Track	Ethan Kirkwood	Education
Colorado Commission on Higher Education	Tennelle Swan	Education
Denver Preschool Program	Elsa Holguin	Education
Denver Preschool Program	Christine Sakoulas	Education
Denver Preschool Program	Gerri Howard	Education
Denver College Nursing	Cathy Maxwell	Education
Metro State University, Denver	Janine Davidson	Education
University of Colorado, Denver	Dorothy Horrell	Education
University of Denver	Chancellor Chopp	Education
Denver Public Art	Rudi Cerri	Education, Art
Caring for Colorado Foundation	Chris Wiant MD	Foundation
Daniels Fund	Linda Childears, Pres/CEO	Foundation
Latino Community Foundation of Colorado	Carlos Martinez, ED	Foundation
Rose Community Foundation	Lindy Eichenbaum Lent, Pres/CEO	Foundation
Foundation for Sustainable Urban Communities	Djuana Harvell	Foundation
Aurora Health Alliance	Mandy Ashley, JD, MHA	Health Alliance
Denver Health Medical Plan	Dawn Robinson	Health Insurance
Benefits in Action	Jane Barnes	Health Related Social Needs

Blueprint to End Hunger	Sandra Hoyt Stenmark M.D, Clinical Professor of Pediatrics	Health Related Social Needs
CreaResults	Jack Becker	Health Related Social Needs
CreaResults	Susana Arreola	Health Related Social Needs
Department of Housing Stability (HOST)	Chris Conner	Health Related Social Needs
Non-Emergency Medical Transport, IntelliRide	Alex Davin, Clinical Coordinator	Health Related Social Needs
Non-Emergency Medical Transport, IntelliRide	Kevin Lang, QA Manager	Health Related Social Needs
Non-Emergency Medical Transport, IntelliRide	Kimberly Early, General Manager	Health Related Social Needs
P2P Recovery	Bruse Edmonstone, Executive Director	Health Related Social Needs
Workforce Development	Ken Arellano	Health Related Social Needs
Children's Hospital Colorado	Julie Beaubian	Hospital
Director of Community Benefit	Peterson, Keith <Keith.Peterson@uchealth.org>;	Hospital
Kaiser Permanente	Lynnette M. Namba	Hospital
Denver Human Services	Don Mares	Human Services
Denver Human Services	Mimi Scheuermann	Human Services
Endura	Marjorie “Elizabeth” Arora, Liaison	LTSS
PASCO (Personal Assistance Services of Colorado)	Maribel Sandoval, Community Outreach	LTSS
Sava	Mike Dailey, Liaison	LTSS
St. Paul/Colavria	Kristin Adante, Liaison	LTSS
Vivage	Susan Delgado, Liaison	LTSS
Aurora Mental Health Center	Kathie Snell, Chief Strategy and Operations Officer	Mental Health
Mental Health Center of Denver	Wes Williams	Mental Health
Signal Behavioral Health	Troy Bowman, Community Engagement Coordinator	Mental Health
Baker Historic Neighborhood	Luchia Brown	Neighborhood Association
Broadway Merchants		Neighborhood Association
Broadway Merchants Assn	Marty Levine	Neighborhood Association
CHUN	Travis Leiker	Neighborhood Association
Congress Park Neighbors, Inc.	Tom Conis	Neighborhood Association
Curtis Park	Jeff Baker	Neighborhood Association
Federal Blvd Corridor Improvement Partnership	Marshall Vanderberg	Neighborhood Association
Golden Triangle		Neighborhood Association
INC	Jane Potts	Neighborhood Association
Jefferson Park United Neighbors	Michael Guiietz	Neighborhood Association
La Alma Lincoln Park	Christine Sprague	Neighborhood Association
Lower Downtown Neighborhood Association (LoDoNA)		Neighborhood Association
MayFair Neighbors	Merritt Pullam	Neighborhood Association
Montebello 20-20	Ann White	Neighborhood Association
Sloan's Lake Neighborhhood Assn	Jane Parker-Ambrose	Neighborhood Association
Stapleton United Neighbors	Bryan Penny	Neighborhood Association
SW Coalition	Kassandra Ornelas	Neighborhood Association
West Highland RNO	Trevor Greco	Neighborhood Association
Westwood Residents Assn	Michelle Schoen	Neighborhood Association

CDPHE	Bob McDonald	Public Health
Colorado Department of Public Health & Environment	Isabel Dickson	Public Health
Department of Public Health and Environment	Michele Shimomura	Public Health
San Juan Basin Public Health	Liane Jollon	Public Health
Denver Health and Hospital Authority RIM	Betsy Ruckard	Refugee Services
Spring Institute	Paula Schriefer (Pres/CEO)	Refugee Services
Colorado Access	Kelly Marshall, Director of Community & External Relations	Regional Accountable Entity
Colorado Access	Leah Warner	Regional Accountable Entity
Denver Housing Authority	Annie Hancock	Social Determinants of Health
Denver Rescue Mission	Brad Meuli, Pres/CEO	Social Determinants of Health
Gang Rescue and Support Project (GRASP)	Johnnie Williams	Social Determinants of Health
Hunger Free Colorado	Emily Hunter, Outreach Senior Manager	Social Determinants of Health
St. Frances Center	Tom Luehrs, ED	Social Determinants of Health
Univerity of Colorado, Anschutz	Gabriela Jacobo	Social Determinants of Health
Colorado Department of Local Affairs	Kristin Toombs	State Government
Division of Insurance within the Department of Regulatory Agencies	Kyla Hoskins	State Government
The Department of Health Care Policy & Financing	hcpf_hospitalcommunity@state.co.us	State Government
The Department of Health Care Policy & Financing	Ashlee Grace	State Government
The Department of Health Care Policy & Financing	James Johnston	State Government
The Department of Public Health and Environment	Matthew Jackson	State Government
Department of Human Services	Christopher Frenz	State Government
Colorado Commission on Higher Education	Abby Edinger	State Government
Office of Saving People Money on Health Care	Stephanie Pugliese	State Government
Office of Saving People Money on Health Care	Isaac Radner	State Government
Division of Insurance, Department of Regulatory Agencies	Sara Bencic	State Government
Colorado Community Managed Care Network	Jason Greer	Technology Provider
Comcast	Shirley Terry, BSN, RN	Utility Provider
Comcast	Alison Busse	Utility Provider
XCEL Energy	Tyler Smith	Utility Provider
Denver Department of Public Health	Paige Andrews	State Government
Intermountain Healthcare	Chuck Ault	Hospital
Jefferson County Public Health	Anneliese Amaya	Public Health
Intermountain Healthcare	Katie Koblenz	Hospital
Boulder County Public Health	Elise Waln	Public Health
Advent Health	Monica Rivera-Rojas	Hospital
Jefferson County Public Health	Myra Shanks	Public Health
Boulder County Public Health	Elanor Sidman	Public Health
CommonSpirit	Ashleigh Phillips	Hospital
Childrens Colorado	Callie Preheim	Hospital

Arapahoe County Public Health	Brooke Wagenseller	Public Health
Arapahoe County Public Health	Alexa Escobar Paez	Public Health
Adams County Public Health	Suzuho Shimasaki	Public Health
UCHealth	Xiomara Sanchez	Hospital
Adams County Public Health	Emma Goforth	Public Health
Adams County Public Health	Jason Vitello	Public Health
CommonSpirit	Sophie Hovis	Hospital
Childrens Colorado	Susan Goldenstein	Hospital
Kaiser Permanente	Lisa Romero	Healthcare
Advent Health	Bryan Trujillo Molina	Hospital
Denver Department of Public Health	Nathan Keffer	Public Health
Craig Hospital	Kyle Mickalowski	Hospital
Denver Department of Public Health	Erik Ortiz	Public Health
Intermountain Healthcare	Peggy Jarrett	Hospital
Boulder County Public Health	Rachel Mintel	Public Health

List of Public Meeting Attendees and Organizations Represented

This year we used Jotform and QR codes to manage registrations, offering Spanish interpretation at both scheduled meetings. We recorded the following 18 participants from organizations outside Denver Health and Hospital Authority. The participants included representatives of community-based organizations, HCPF, state departments, and other health care organizations. We used a PowerPoint presentation to guide our discussion following the outline provided below.

Name	Organization
Ron Thomas	Denver Police Department
Kate Johnston	Project Angel Heart
Charlene Barrientos	Community Member
Deena Duwaik	City of Denver
Bianca Melancon	Colorado Office of eHealth Innovation
Donald Ku	Lower Downtown Neighborhood Association
Dr. Genene Duran	Ducks in a Row Human Services Inc
David Roberts	Lower Downtown Neighborhood Association
Ashlee Grace	HCPF
Bryan Trujilio	AdventHealth
Barbara Ingram	Community Member
Michaela Hennig	DHS
Nathan Keffer	DDPHE
Thomas Worthy	Community Member

Madilyn Lowry	Community Member
Emma Lookner	Community Member
Shayla Perkins	Kaiser Permanente
Ann White	Montbello 2020 & Beyond

Denver Health and Hospital Authority Community Benefit and Hospital Transformation Program Meeting Agenda

May 14, 2026 (12:00-1:00 pm)
May 14, 2026 (5:30-6:30 pm)

Session	Topics
12:00pm & 5:30pm **Welcome** *Chief Impact Officer, Lorena Zimmer*	• Welcome to Denver Health • Agenda Summary • Who We Are
12:05 & 5:35 **Hospital Transformation Program (HTP)** *Associate Research Scientist, HTP Program Coordinator, Stephanie Phibbs*	• Overview • Performance Measures • Review of Identified Health Needs and Interventions • Discussion
12:15 & 5:45 **Community Benefit** *Chief Impact Officer, Lorena Zimmer* *Director of Reimbursement, Jeremy Springston*	• Community Benefit Investments 2025 • 2025 Summary • 2026 - 2029 Community Health Assessment Priorities Discussion • 2024 – 2026 Implementation Plan
12:30 & 6:00 **Housing Outreach, Partnerships, and Engagements (HOPE) Program** *Thomas Gray, Research Projects Coordinator*	• Overview of Program
12:40 & 6:10 **Community Feedback** *Chief Impact Officer, Lorena Zimmer* *Associate Research Scientist, HTP Program Coordinator, Stephanie Phibbs* *Director of Reimbursement, Jeremy Springston*	• Discussion • Approval of 2026-2029 CHNA Priorities • Mentimeter

Summary of 2026 Public Meeting Discussion

Denver Health held two public meetings on May 14, 2026, the first from 12-1 p.m. and the second from 5:30 – 6:30 p.m. to review our accomplishments and gather community feedback. These forums were promoted through emails to over 300 individuals, advertisements in LaVoz newspaper, and social media messaging resulting in the participation of 18 individuals outside of Denver Health and Hospital Authority employees. Readers interested in how Denver Health is incorporating feedback from this annual public meeting can find that information in the related Excel reporting template provided by the state. We used a PowerPoint presentation to guide our discussion and offered the meeting from 12 – 1 p.m. virtually and the meeting from 5:30 – 6:30 p.m. in-person. To facilitate a discussion in the webinar format, we prompted participants' feedback with questions, requesting responses in the chat, live responses through unmuting themselves, and through the online platform Mentimeter. For the in-person session, we took questions throughout the presentation and used Mentimeter to facilitate specific discussion points. The questions we used to prompt community conversation were:

- What input do you have about the Community Health Improvement Plan for 2024-2026?
- What feedback do you have for Denver Health related to its Hospital Transformation Program?
- Do the priorities we obtained through public survey for 2026 – 2029 align with your community needs?
- What does access to care mean to you?
- What data or milestones would show that Denver Health has increased access to care?

The meeting began with a welcome and introductions of presenters, followed by an overview of Denver Health's mission, scope of services, and current strategic priorities identified from the 2023 Community Health Needs Assessment. It provided a comprehensive picture of Denver Health's operations, highlighting that the institution is more than just a hospital. Presentations from the Hospital Transformation Program and the HOPE team were conducted, ending in a discussion regarding the prioritization for the 2026 – 2029 Community Health Needs Assessment in addition to the questions asked above. The questions and responses below were discussed amongst the group:

- One participant had the question, "How full is the PES (Psychiatric Emergency Services) unit typically? Do you need more capacity?"

    a. Monica Lintz (Behavioral Health Admin): The PES unit is approximately 80% full most of the time. The challenge is not intake capacity but flow — getting patients to the right level of care afterward. The real capacity need is in residential and inpatient spaces so patients don't get stuck in emergency-rooms for care.

- One participant had the question, "*How can Denver Health effectively reduce the number of people with substance use disorder or mental health issues on the streets of downtown? What is the best course of action for individuals who refuse care?"*

    a. Thomas Gray Answered: STAR (Support Team Assisted Response) is the primary resource — a team that can be dispatched for someone in a street-based crisis. Monica Lintz added: 988 (mental health crisis line) dispatches a mobile crisis team. The ATOP outreach team (nurses, psychiatrists, case managers) goes into the community. Peer support services and 'Caring for Denver' funding are also available to wrap around patients with complex needs.

- One participant commented, "*Substance use and drug use need to be a higher priority than current rankings suggest."*

a. Answer: This was noted by Lorena Zimmer. The comment was acknowledged and recorded as part of community input into the 2026 –2029 CHNA priorities.

- One participant had the question, "*Our community (Montbello and far northeast Denver) has been trying to get a larger health care center since 2002 and keeps being passed over. We continue to grow, the health issues are evident, and seniors especially cannot travel far for care. What does the community or elected officials need to do to make this happen?"*

    a. Answer: Lorena Zimmer acknowledged the far northeast as one of Denver's fastest-growing areas and conceded that healthcare access has not kept up with that growth. She noted that mobile units have been deployed as a temporary measure but are not sufficient. The need was affirmed and flagged as a priority for the ongoing CHNA process.

- One participant had the question and response, "*How do you define healthcare access? For seniors and ethnic communities in our area, access is very specific — it includes transportation to and from appointments, ability to make appointments, and technology access. We just opened a senior technology center in Montbello (already at capacity). For people with disabilities, veterans, and seniors, how they get around, shapes everything about how they can access care."*

    a. Answer: Lorena Zimmer affirmed the community-specific nature of access and highlighted that this input — along with Mentimeter responses — was informing Denver Health's definition of access to care. David Roberts also noted in comments that communities are very different and needs must be tailored.

- One participant commented, "*Denver Health is over capacity — residents from the far northeast have tried to get in and cannot. We need more."*

    a. Answer: Lorena Zimmer acknowledged the concern and reiterated the importance of the community's continued advocacy voice. She mentioned connecting with an events coordinator regarding the 10th Annual Health & Wellness Back to School event in August.

- One participant commented and asked the following question, "*The definition of 'community' matters here. I conducted an independent Black Community Health Assessment from January 2025 to March 2026 with over 500 Black Denver community respondents — and my results differed significantly from both Denver Health's and DDPHE's findings. There is a racial/ethnic data gap in how these assessments are conducted. Will Denver Health engage with those findings? Northeastern communities — not just Montbello, but Green Valley Ranch, Avondale, Parkfield, Gateway — are consistently overlooked."*

    a. Answer: Lorena Zimmer expressed strong interest in the Black Community Health Assessment results and committed to collaboration. Dr. Duran noted that findings will be published in July and a Black Community Health Improvement Plan will be launched, with elected officials and Black community health leaders involved. She left her email in the chat for follow-up.

- One participant had the question, "*What is the age breakdown of your survey respondents? Age significantly shapes what health priorities look like and could skew results. Also, surveys and focus groups often don't reach the most underserved patients, the people who most need care are not always the ones who get identified as 'community leaders' or participate in these processes. Who identifies leaders? What does reach actually look like?*

    a. Answer: Lorena Zimmer confirmed that demographic data on survey respondents is available and

offered to share it. She also acknowledged the legitimate concern about representativeness and invited further direct engagement with Denver Health's team.

- One participant commented, "*Kaiser Permanente's CHNA results align with Denver Health's top four priorities. I'd add that health literacy is a significant component of access — Colorado has a high insurance rate but not a high access rate, partly because people don't know how to navigate the system. Transportation barriers are also a factor, including things as specific as unsheltered bus stops discouraging transit use.*"
    a. Answer: Lorena Zimmer agreed and noted that health literacy and enrollment support (Medicaid, Health First Colorado) are roles that healthcare systems can and should play. She noted the opportunity to reconnect with Kaiser to collaborate on shared priorities.

Conclusion

Denver Health is proud to present this report, that shows our ongoing commitment to community-driven care, transparency, and collaboration. By aligning strategic initiatives with identified community needs, Denver Health continues to evolve as a responsive and trusted health system. The feedback and connections shared throughout the report will help guide future partnerships and programming, ensuring that the voices of patients, partners, and stakeholders remain central to the organization's mission.

Denver Health 2023 Community Health Needs Assessment

Letter from the Chief Executive Officer ... 24
Executive Summary ... 25
Purpose ... 25
Methods ... 25
Priority Health Needs ... 25
Next Steps ... 25
Introduction and Background of Denver Health ... 26
Community Served: City and County of Denver ... 27
Population Profile ... 27
Race, Ethnicity, Language, and Country of Birth ... 28
Education, Employment, and Income ... 29
CHNA Methods ... 30
Primary Data Collection ... 30
Secondary Data Collection ... 30
Identification and Prioritization of Denver Community Health Needs ... 30
Results: Primary Data ... 31
Results: Secondary Data ... 33
Summary of 2023 Community Priorities Ascertained through Secondary Data Collection ... 33
Overall Denver County Health Rankings ... 33
Vital Statistics – Births and Deaths ... 34
Leading Causes of Death ... 34
Life Expectancy ... 35
Disability ... 35
Key Chronic and Mental Health Conditions ... 36
Health Risk Behaviors. ... 36
Maternal Health ... 37
Behavioral Health: Mental Health and Substance Misuse. ... 37
Violence and Injury ... 38
Healthcare Insurance and Access ... 39
Telehealth ... 39
Preventive Care ... 40
Community Connectiveness/Social Support ... 40
Homelessness ... 40
Food Insecurity ... 41

Results: Identified Health Priorities 41

Areas not Addressed 42

Conclusions 42

Acknowledgements 43

References 44

Appendices 45

Appendix A: Denver Health Community Benefit Annual Public Meeting 46

Appendix B: Denver Health Community Benefit Public Survey 47

Appendix C: Facilitated Denver Health Community Benefit Public Survey Conversation 53

Appendix D: Members of the Denver Health Community Benefit Advisory Council 55

Dear Denver Community,

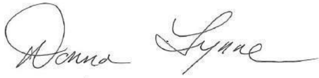
Since 1860, Denver Health has provided health and healing to the Denver community, consistently identifying and addressing the city's most pressing health needs. When we published our first Community Health Needs Assessment (CHNA) in 2020, we were in the middle of a pandemic and responding to calls for racial justice in the wake of protests related to George Floyd's murder. As a result of the COVID-19 crisis and deeper reckoning with inequality, our society is more aware of how social and political contexts shape health. The work to address these challenges has developed stronger and deeper community connections. We are most proud to see how much we can accomplish when we work together.

With all this shared history, Denver Health is especially grateful for the input we received from community members and local organizations for the 2023 Denver Health CHNA. Through this assessment process, we identified three priorities that we know will resonate with our readers because they address our community needs:

1. Access to care
2. Behavioral health (mental health and substance use)
3. Housing and homelessness

These priorities will guide our Community Benefit Implementation Plan's objectives, projects, metrics and partners. We are grateful for the existing and new partnerships that will be formed to make the difference we are committed to having in these areas. We know we are in this together and appreciate all of your engagement.

Sincerely,



Donna Lynne, DrPH
Chief Executive Officer

Executive Summary

Purpose

As part of the Affordable Care Act (ACA) signed in 2010, non-profit hospitals in the United States are required to conduct Community Health Needs Assessments (CHNA) every three years and then create implementation plans to address prioritized health needs.[1] Because Denver Health and Hospital

Authority (Denver Health; DH) is a governmental entity, DH was not subject to this ACA requirement. However, in 2019 Colorado passed House Bill 1320 that aimed to increase community benefit transparency and accountability among Colorado hospitals.[2,3] This legislation expanded the

requirements of a CHNA and implementation plan every three years to include Denver Health Medical Center (DH) and the University of Colorado Hospital, in addition to non-profit hospitals. Under this legislation, hospitals are also required to provide annual financial and activity reports and hold an annual public meeting to gain input on implementation plan activities.

In accordance with House Bill 1320, Denver Health produced its first CHNA in 2020 and has been reporting progress on addressing prioritized needs annually. In 2020, three priority areas were identified in DH's CHNA: 1) enhancing behavioral health and substance use services, 2) improving child health and well-being, and 3) enhancing economic opportunity in Denver through DH's Anchor Institution initiative. Since that time, the needs of our communities have been greatly impacted by the COVID-19 pandemic, which has included major shifts in our social structure, increased recognition of the role of structural racism and health disparities, and immense challenges to our mental well-being. This latest 2023 DH CHNA provides an updated portrait of community needs and will be used to organize and focus DH's community benefit efforts for the next three years (2024-2026).

Methods

This CHNA is informed by both opinions and perspectives collected directly from individual community members and individuals who represent various Denver-area constituencies, and secondary data from local, state, and national sources. The internal Denver Health Community Benefit Advisory Council applied the Colorado Health Assessment and Planning System Prioritization Scoring Tool, considering factors of health condition burden, health disparities, organizational priorities, evidence-based strategies for addressing needs, and staff and financial resources, to identify the top three priorities for the current CHNA.

Priority Health Needs

Community members independently identified the several health priorities. After review and scoring by the Denver Health Community Benefit Advisory Council and Approval by the Denver Health and Hospital Authority Board on September 21, 2023, the three priority areas of focus for the current CHNA are:

- Access to Care
- Behavioral Health (Mental Health and Substance Misuse)
- Housing and Homelessness

Next Steps

Over the next six months the Denver Health Community Benefit Advisory Council will work with internal and community stakeholders to develop our Community Benefit Implementation Plan that will address these priority areas, including key metrics for measurement.

Introduction and Background of Denver Health

Denver Health (DH) is a fully integrated academic safety-net health care system serving the city and county of Denver. DH is a Level-1 Trauma Center with a 525-bed hospital. It has 11 community-based Federally-Qualified Health Centers (FQHCs) in neighborhoods throughout Denver, 3 mobile units, 3 urgent care centers, 19 Denver School-Based Health clinics, LGTBQ+ Health Services, and a Center for Addiction Medicine with outpatient behavioral health services and an emergency and residential detoxification facility. In addition, DH provides care for persons in the Denver correctional and jail facilities. DH uses an integrated electronic health record (EHR), Epic, to support performance improvement for patient care as a Learning Health System. In addition, DH manages a health maintenance organization, the 911 medical response system for the City and County of Denver, the Rocky Mountain Poison and Drug Center, and a Public Health Institute.

The DH system is nationally recognized for its model of care delivery to underserved, indigent, and minority patients and for its growth and financial stability despite a patient population with low rates of health insurance. DH serves approximately 33% of Denver's adult and child residents and has a patient population that is approximately 50% Latino, 15% African American, and 30% white. In 2022 the system saw over 200,000 individuals in over 930,000 outpatient visits and 40,000 inpatient admissions. The payor mix in 2022 included 49.2% Medicaid, 20% Medicare, 7% Charity Care, 4% self-pay, and the remaining 19.8% from the Denver Health Medical Plan or private payor. 21% of Denver Health patients are uninsured compared to just 10% for other Colorado hospitals. DH has provided a total of $466 million dollars in uncompensated care between 2017-2022.

DH's integrated system provides opportunities to influence community well-being coupled with community engagement, a core organizational competency as a Learning Health System. DH's commitment to community well-being is reinforced by its role as an Anchor Institution. This emerging identity is exemplified by partnership with community agencies and patients to address social determinants of health. As an Anchor Institution, DH works with a broad range of community partners: Denver Public Schools (DPS), Denver Housing Authority, Colorado Coalition for the Homeless, Mental Health Center of Denver, neighborhood associations, social service agencies, and community-based organizations that serve vulnerable populations. As a major area employer in Denver County: 40% of the full-time DH workforce is from racial/ethnic minority communities.

DH Integrated System Components

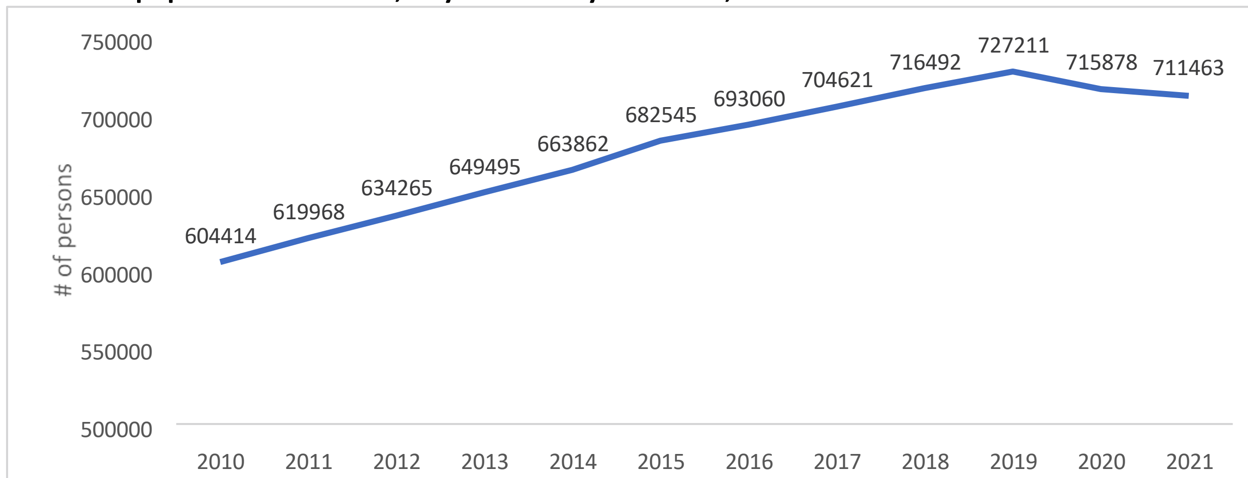
Community Served: City and County of Denver

Emergency Response	Trauma Care	Inpatient Care	Outpatient Care	Research & Education	Public Health	Data Systems	Community Partners
911 response, ambulance, paramedic detox services	urgent, emergency, trauma care	medical/ surgical, intensive care, behavioral health, addiction services	primary, dental, specialty, behavioral health, addiction, correctional care	learning health system, academic medical center with university partnerships	health promotion, education, advocacy, surveillance, disaster health	Epic EHR, integrated community-health data, distributed data networks, claims data	community advisory panel, community engagement committee of the board of directors

Population Profile

The current population in the City and County of Denver includes an estimated 711,463 individuals, representing an 18% increase (107,049 individuals) since 2010, and a slight decrease in population size over the past few years.[4]

US Census population estimates, City and County of Denver, 2010-2021.



Source: US Census 1- and 5-year estimates for the City and County of Denver. https://data.census.gov/

Individuals aged 25-34 (23.1%) and 35-44 (16.9%) years represent the largest proportions of the Denver population; 11.2% of the population is aged 65 years of age or older, and 20.6% are less than 20 years of age. The population is almost evenly divided between males (50.3%, n=358,282) and females (49.6%, n=353,181). In 2022, 7.6% of the Denver population identified as gay, lesbian, or bisexual.[5]

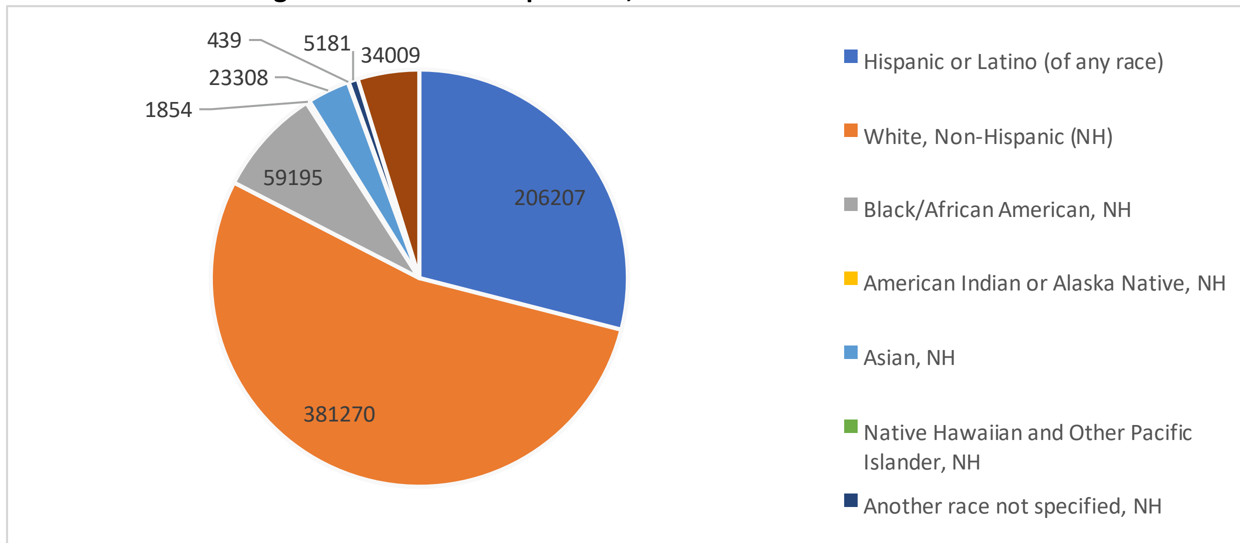
US Census population estimates for Denver City and County, 2021 by age category.

Source: US Census 2021 1-year population estimates, City and County of Denver. https://data.census.gov/

Race, Ethnicity, Language, and Country of Birth

Denver's population is made up of individuals belonging to a diverse number of racial and ethnic identities: over half of the population identifies as non-Hispanic (NH) White (53.6%; n=381,270), 29% identify as Hispanic or Latino (n=206,207), 8.3% identify as Black or African American (n=59,195), and 4.8% (n=34,009) identify as belonging to 2 or more different races. Within the Hispanic and Latino population (n=206,207), 21.9% (n=155,551) identify as Mexican, 0.6% identify as Puerto Rican (n=4,593), 0.3% identify as Cuban (n=2,353), and 6.1% identify as other Hispanic or Latino (n=43,710).

Racial and Ethnic Background of Denver Population, 2021

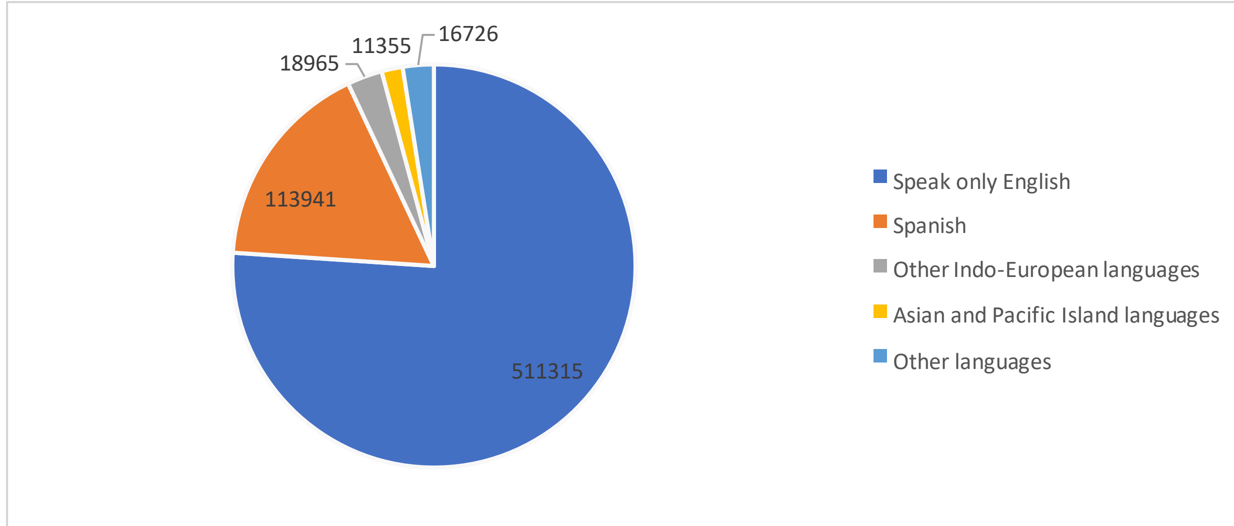


NH=non-Hispanic. Source: US Census 2021 1-year population estimates, City and County of Denver.

https://data.census.gov/

The majority (76.1%) of Denver residents aged 5 and over speak English only (n=511,315). The second most common language spoken is Spanish (n=113,941; 16.9%); an additional 2.8% (n=18,965) speak other Indo-European languages, 1.7% (n=11,355) Asian and Pacific Island languages, and 2.5% (n=16,726) speak other languages.

Primary languages spoken by Denver residents, 2021.



Source: US Census 2021 1-year population estimates, City and County of Denver, Language Spoken at Home. https://data.census.gov/

Most of Denver residents were born in the United States (85.8%, n=610,343), though over half of USborn Denver residents were born in a state outside of Colorado (53.6%, n=326,900). Of US-born residents in Denver born outside of Colorado, 34.4% (n=112,492) were from the Midwest, 25.1% (n=82,079) were from the South, 24.0% (n=78,425) were from other Western states, and 16.5%
(n=53,904) were from the Northeast. Of the 101,120 Denver residents born outside of the United States, 46,492 (45.9%) were naturalized US citizens, and 54,628 (54.0%) had not yet achieved citizenship. Of the non-US born Denver residents, 54.8% (n=55,433) were from Latin America, 38.2% (n=38.592) were from other countries in North America, 19.3% (n=19.560) were from Asia, 13.0% (n=13,186) were from Africa, 9.8% (n=9,869) were from Europe, and 0.6% (n=620) were from other countries in the Oceania region.

Education, Employment, and Income

Over half (53.5%) of Denver residents aged 25 or older (n=521,474) have at least some college (n=107,392, 20.6%) or a Bachelor's degree (n=171,505, 32.9%). Yet, 9.1% (n=47,535) have less than a high school degree and for 15.3% (n=79,700), a high school degree is the highest level of education. A quarter of Denver residents aged 16 or older (n=592,643) are currently unemployed (25.8% unemployed, n=152,982) and 74.2% (n=439,661) are currently employed either full- or part-time. An estimated 11.6% of Denver residents are living at or below the federal poverty level, slightly higher than the average for Colorado (9.6%) and lower than the national average (12.6%).

CHNA Methods

Primary Data Collection

Primary data collection was also conducted, providing community perspectives on top health concerns in the Denver community. Three different strategies were employed, including a publicly advertised meeting, a survey distributed to hundreds of community contacts and internal advisory board members, and through a facilitated conversation with members attending a monthly Denver Health Community Advisory Meeting (See Appendices A-C for more details). More specifically:

- Denver Health's annual community benefit public meeting was advertised in three newspapers and distributed to nearly 200 community contacts in the community. Participants in that meeting were asked to identify the top health concerns of their community.
- Surveys for community and community organizational leaders and individual community members were distributed to Denver Health community contacts and to two different Denver Health community advisory groups, including Denver Health's Patient, Family and Advisory Committee and the Office of Research Community Advisory Panel.
- A facilitated conversation, based on the above survey, was also conducted within the DH Center for Addiction Medicine Community Advisory Meeting.

Secondary Data Collection

This report aimed to provide detailed sociodemographic and health statistics for the Denver County population. When possible, data for Denver County was presented in comparison to data for the state of Colorado and the United States.

Various national, state, and local resources were leveraged to summarize the most up to date data for key health indicators and domains, including:

- United States Census American Community Survey[4]
- Colorado Department of Public Health and Environment (CDPHE)[5]
- County Health Rankings & Roadmaps[7]
- Centers for Disease Control and Prevention (CDC) PLACES[8] - Centers for Disease Control and Prevention (CDC)[9]

Identification and Prioritization of Denver Community Health Needs

Identification and prioritization of needs was conducted through a systematic process that considered primary and secondary data, and organizational expertise and review by a dedicated Denver Health Community Benefit Advisory Committee. The DH Committee Benefit Advisory Committee is made up of executive and clinical leaders across the Denver Health system, representing inpatient and ambulatory care, specialty care, government affairs, health equity, quality improvement, and research (Appendix D). The Committee is responsible for determining priority areas and developing a 3-year Community Benefit Implementation Plan and supporting annual reporting. The Implementation Plan will include process and outcome metrics. The Colorado Health Assessment and Planning System Prioritization Scoring Tool[6] was adapted to guide the Denver Health Community Benefit Advisory Committee prioritization of community health needs. The adapted tool involved scoring each health concern area on a scale of 1-3 (1 no, 2 somewhat, 3 yes) for each of the following criteria:

1. **Significance to public health**: whether the issue has a large health impact, and whether the burden in Denver is greater than state or national estimates
2. **Health disparities:** whether disparities exist by racial, ethnic, sexual orientation, gender, or other identities
3. **Evidence-based strategies available to impact the issue:** if there are local evidence-based strategies that have the ability to effectively impact the issue or concern
4. **Community support:** whether there is community support including political will to create change
5. **Capacity to address the issue:** whether the issue is aligned with core service areas or capacity, whether sufficient staff and expertise are available or obtainable
6. **Prior priority**: whether the issue was addressed in the previous Community Benefit Implementation Plan (Behavioral Health, Maternal/Child Health, Economic Opportunity)
7. **Funding:** whether there is sufficient funding or community partnerships to address the issue

Results: Primary Data

A total of 31 community partner members and 36 individual members of the community provided input on identifying the most important health needs in Denver. Community partners included representatives from local and state government, community and service organizations, health and mental health services, advocacy groups, and the education sector. Individual community participants included both DH patients and persons from the larger Denver community and represented geographic areas across metro Denver. Comprehensive data on community forum and survey respondents and results are available in Appendices A-C.

The table below provides a summary of the different health priorities identified by the different primary data collection methods, showing housing, access to care and mental health as most consistently identified across the different data collection methods.

	Public Meeting	Community Survey CBO	Community Survey Individual	Facilitated Survey CAM CAM
Housing	x	x	x	x
Access to care	x	x	x	
Community Connectedness	x	x		
Social support	x			
Mental Health		x	x	x

SUD		x		x
Healthcare Costs/Insurance			x	
Diabetes			x	

The survey and focus group participants were also asked what areas they thought Denver Health could impact and the following rankings resulted (1 = highest and 5 = lowest priory). All groups thought Denver Health could impact access to care, and different groups thought DH could impact each of the different areas to varying degrees.

	Community Survey – CBO	Community Survey - Individual	Facilitated Survey- CAM CAM
Housing			1
Access to care	1	1	2
Community Connectedness	4	2	
Social support			
Mental Health	2		3
SUD	5		
Healthcare Costs/Insurance	3	5	
Diabetes		3	
Adolescent Health		4	

Results: Secondary Data

Summary of 2023 Community Priorities Ascertained through Secondary Data Collection

Data comparing health behaviors and health conditions among residents in Denver County to other counties in Colorado[7] and the United States[7,8] were used to identify areas with greatest opportunity for improvement. Specific metrics that were of greater concern (i.e., greater burden or lower positive health behavior) in Denver compared to other Colorado counties and/or national statistics were identified, and included:

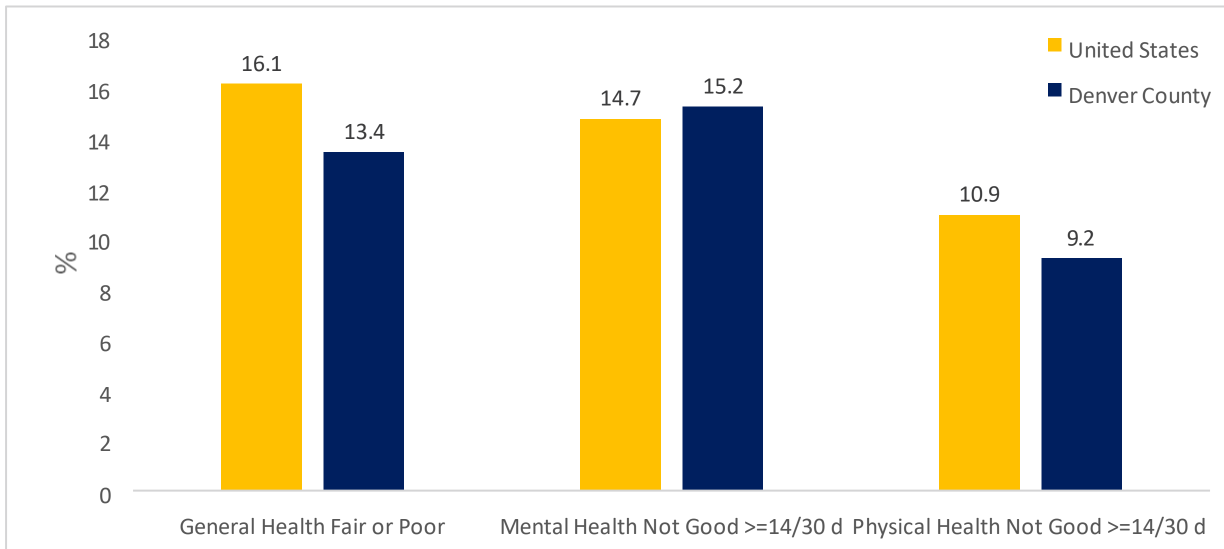
- Access to Care/Health Insurance[7,8]
- Air Pollution[7]
- Diabetes[7]
- Firearm Fatalities, Suicide, Homicides[7]
- Food Insecurity[7]
- Housing Instability/Homelessness[7]
- Low Birthweight Babies[7]
- Mental Health (poor mental health days)[7,8] (depression)[8]
- Preventive Care[8]
- Sexually Transmitted Infections, including HIV prevalence[7]
- Substance Misuse (smoking, drinking)[4,5] (drug overdose deaths)[7] - Teen Births[7]

Overall Denver County Health Rankings

County Health Rankings for the United States consider health outcomes of longevity and quality of life, health behaviors, clinical care, social and economic factors, and physical environment.[7] In 2022, Denver County ranked 23rd highest in terms of overall health among the 59 counties in Colorado.

Compared to the United States, Denver County residents rate their overall and physical health more favorably but have a higher proportion of residents experiencing >=14 of the previous 30 days where their mental health status was not good.[8]

Prevalence (%) of population reporting unfavorable general, mental, or physical health, United States and Denver County, 2021.



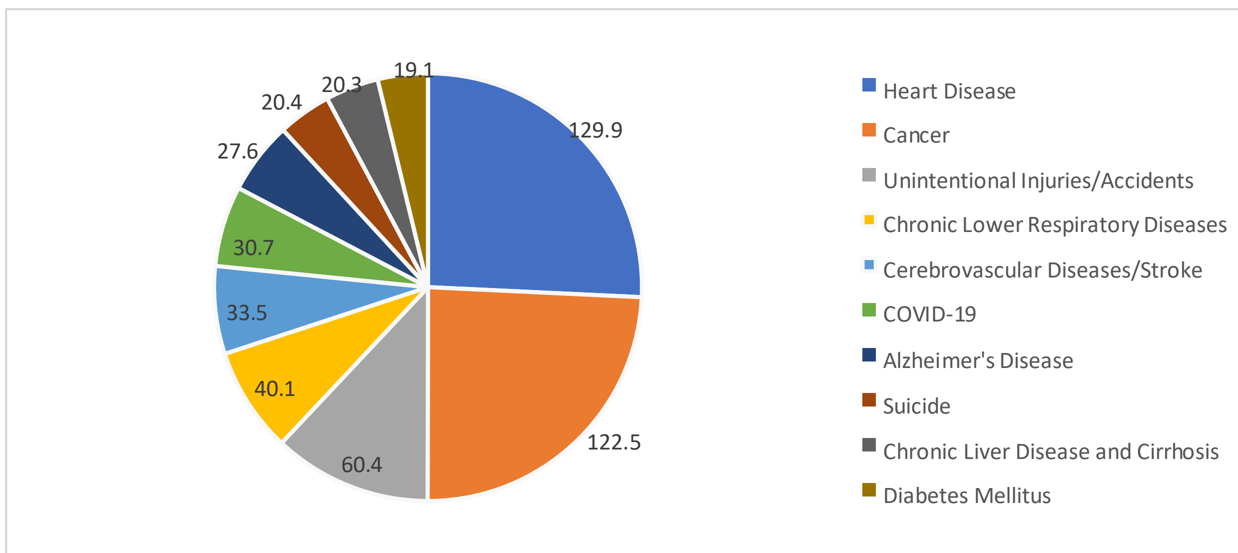
Source: Centers for Disease Control and Prevention (CDC). PLACES: Local Data for Better Health. 2021. https://places.cdc.gov/

Vital Statistics – Births and Deaths

In 2022, there were 5,279 deaths among Denver residents (mortality rate 703.6/100,000 persons), representing 11.3% of all deaths in Colorado.[5] The mortality rate in Denver is higher than the overall state mortality rate (672.7/100,000). There were also 8,042 live births during the same year, representing 12.9% of the births in the state.

Leading Causes of Death

Cardiovascular heart disease (129.9/100,000 persons) and cancer (122.5/100,000 persons) are the top 2 leading causes of death in Denver County, followed by unintentional injuries (60.4/100,000 persons), chronic lower respiratory diseases (40.1/100,000) and cerebrovascular diseases/stroke (33.5/100,000).[2] **Leading Causes of Death, Denver County, 2022. Numbers represent rates per 100,000 population.**

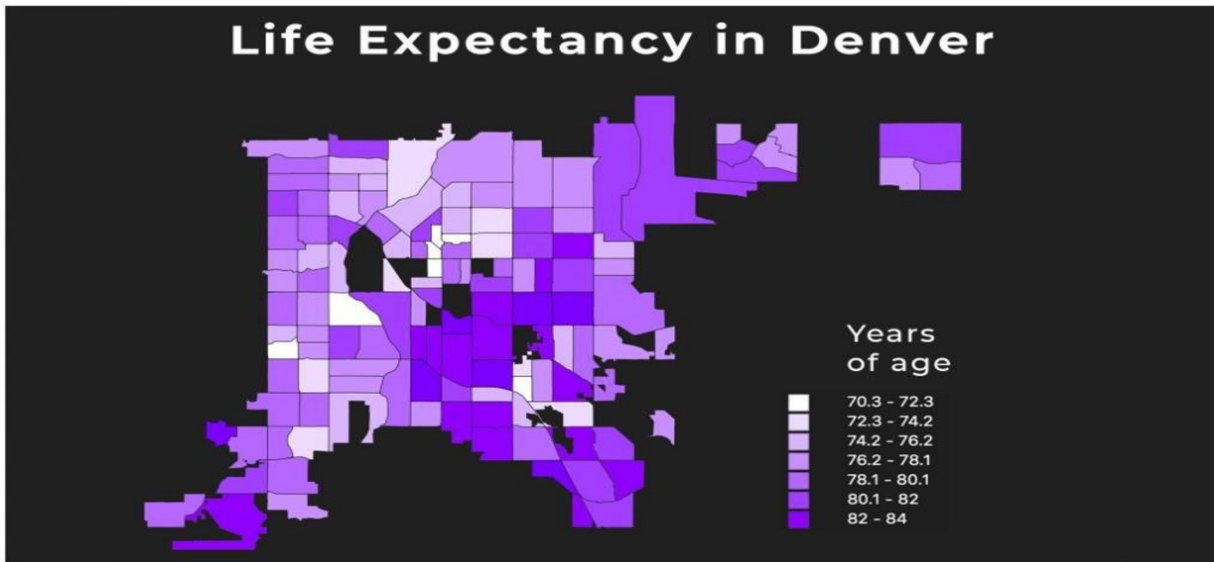


Source: Colorado Public Health and Environment Mortality Data. Denver County, 2022. [CoHID | Department of Public Health & Environment (colorado.gov)](#)

Life Expectancy

Overall, Colorado has the 12th longest life expectancy of the United States, estimated at 78.3 years in 2020.[9] Life expectancy in Denver County, Colorado differs by 13 years depending on the neighborhood (range 72.8-85.9).[5] Geographical variability in the historical and current systemic racism, built environment, access to healthy food, air pollution, living conditions, and overall resources all contribute to differences in health status and longevity.

Map of Life Expectancy in Denver County, 2021.

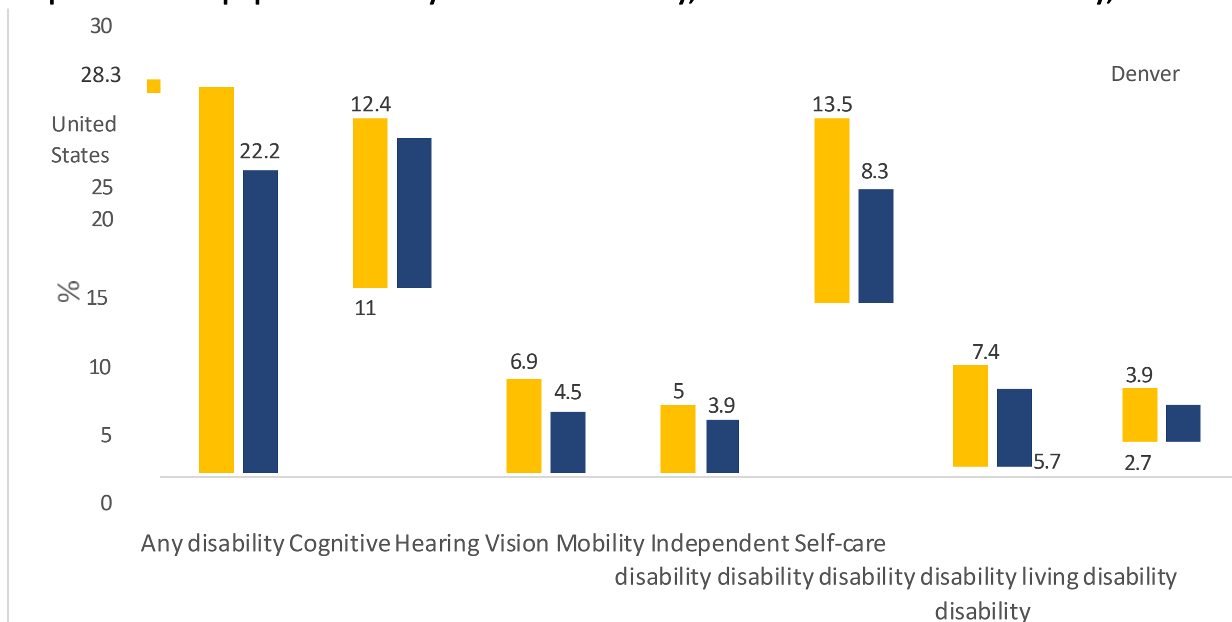


Data Source: Colorado Department of Public Health and Environment

Disability

In addition, an estimated 22.2% of Denver residents have one or more disabilities, which is lower than national estimates across all types of disabilities.[8] Disabilities can include challenges with cognition, hearing, vision, physical mobility, independent living, and self-care.

Proportion of the population >=18 years with a disability, United States and Denver County, 2021

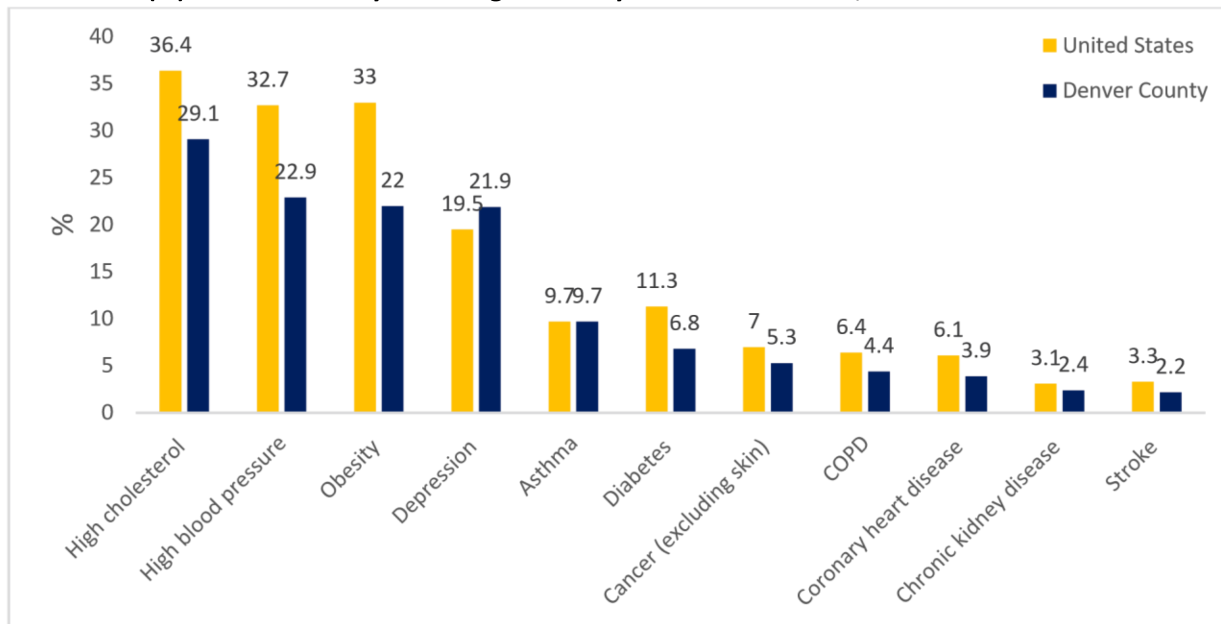


Source: Centers for Disease Control and Prevention (CDC). PLACES: Local Data for Better Health. 2021. [*https://places.cdc.gov/*](https://places.cdc.gov/)

Key Chronic and Mental Health Conditions

Generally, adult Denver residents have less burden of key chronic health conditions than the overall US population, including lower rates of high blood pressure, obesity, diabetes, heart disease, and stroke.[8] However, residents of Denver report higher rates of depression, affecting 21.9% of adults and similar rates of asthma (9.7%) than estimates for the nation.

Prevalence (%) of adults >=18 years of age with key chronic conditions, United States and Denver County, 2021.

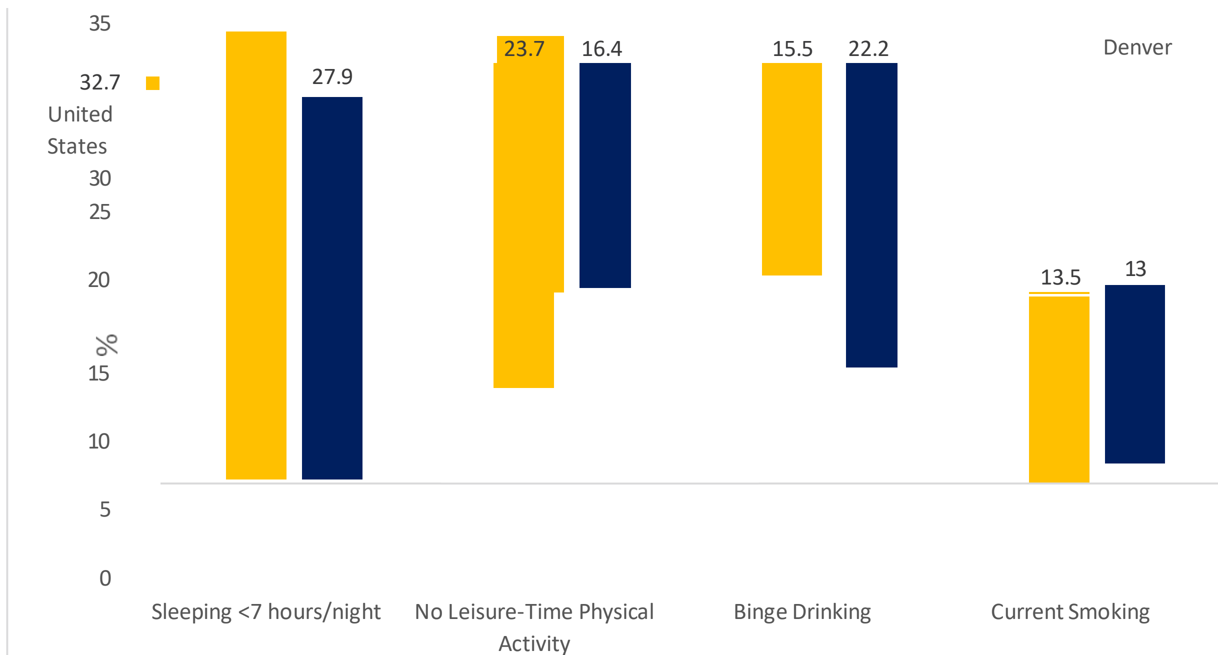


Source: CDC. PLACES: Local Data for Better Health. 2021. [*https://places.cdc.gov/*](https://places.cdc.gov/)

Health Risk Behaviors

Compared to the United States, Denver residents have better sleep health and engage in more physical activity but have similar rates of smoking and a higher rates of binge drinking.[8]

Prevalence (%) of health risk behaviors among adults >=18 years of age, United States and Denver County, 2021.



Source: CDC. PLACES: Local Data for Better Health. 2021. https://places.cdc.gov/

Maternal Health

Estimates of maternal mortality rank Colorado as having one of the lowest rates in the nation, yet there is variability in methodology for obtaining data on maternal deaths across states.[5] The statewide rates however are increasing in recent years, at 54.7 pregnancy-related deaths/100,000 live births for the period 2016-2020, partially attributed to an increase in overall drug overdoses. Colorado is among the top 10 highest states with the greatest proportion of live births with low birthweight in the nation.[9] The top factors impacting pregnancy-related deaths are suicide, drug overdose, and obstetric complications. Teen birth rates have been steadily decreasing nationally for the past 2 decades; however, the most current 7-year average (2014-2020) rate of teen pregnancies in Denver of 25/1,000 teenagers aged 1519 is higher than both rates in Colorado (16/1,000) and the United States (19/1,000).[7] There is also a higher proportion of live births with low birthweight (<2,500 grams) in Denver (9%; approximately 1 in 11 births) and Colorado (9%) than the average for the United States (8%).[7]

Behavioral Health: Mental Health and Substance Misuse

One of the greatest impacts of the COVID-19 pandemic is the increased burden on mental health and increased use of substances among our communities. From 2019 to 2021, Colorado experienced a large increase in the proportion of individuals who reported their mental health was poor, from 15.3 to 23.7%.[10] In Denver, between 2019 and 2020, the proportion of people reporting >=8 days of poor mental health in the previous 30 days increased from 17% to 26.9%. Colorado ranks among the 5 highest states with a compiled score for overall drug use and addiction, which considers drug use prevalence, law enforcement, drug health issues, and rehabilitation.[11,12] An estimated 20% of Colorado residents use illicit drugs. Drug overdoses are also high in Colorado, with 1,799 lives lost to overdose in the state, and 370 of those in Denver, in 2022.[5] Fortunately, more Denver residents are accessing mental health or substance use services in recent years, increasing from 19.1% in 2019 to 20.9% in 2021. Reasons for not accessing mental health services include discomfort in talking about mental health needs and cost.

Violence and Injury

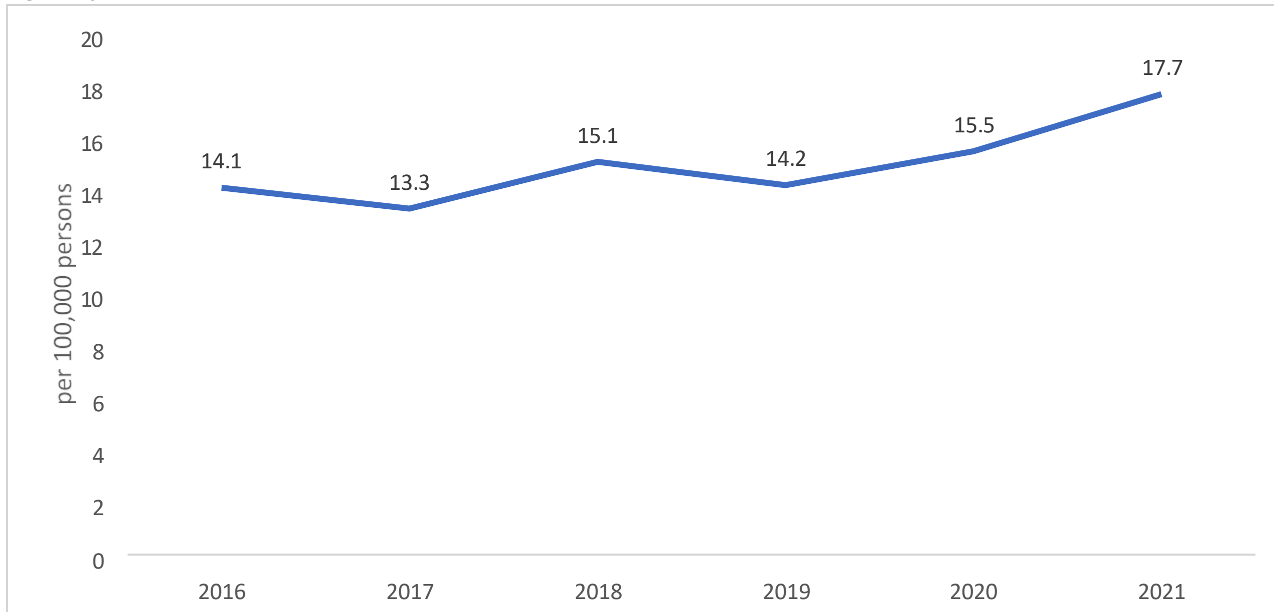
Injuries are classified into 3 key categories: preventable (accidental), intentional, and undetermined intent. Most injury-related deaths are preventable (72%), but intentional injuries often incur mental and emotional health problems beyond the victim - for family members, friends, and communities.

Poisoning is the leading cause of preventable injury-related deaths in the United States, followed by motor vehicle crashes and falls.[14] In 2020, preventable injuries were responsible for 200,955 deaths in the U.S. In Colorado, the deaths rates for poisoning are 30.4/100,000, for motor vehicle crashes 18.6/100,000, and 18.6/100,000 for falls: these are consistent with rates for the nation.

Intentional injuries include intentional self-harm (suicide), assault (homicide), legal intervention, and operations of war. In 2020, intentional injuries accounted for 71,348 total deaths (26.5% total injuryrelated deaths) nationally, and suicide was the leading cause (45,979, 64.4%). In 2022, there were 1,987 (22.0/100,000) suicides in Colorado, 155 (21.8/100,000) of which were among Denver residents.[5] Despite increases in mental health needs due to the pandemic, suicide rates have remained consistent in Denver and the state in recent years.

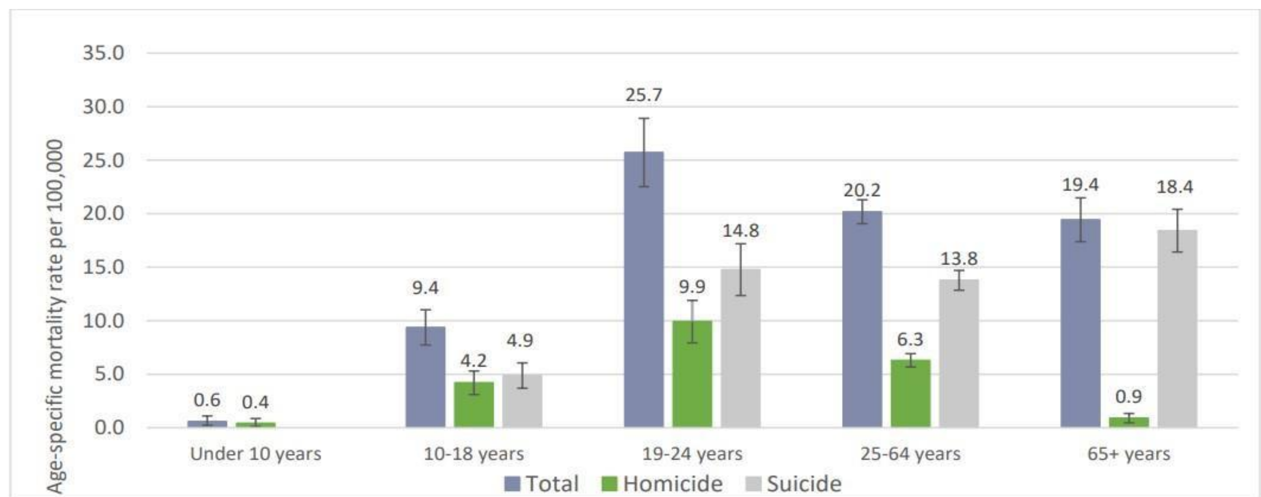
Rates of firearm deaths (unintentional and intentional) in Colorado have been steadily increasing since 2016, and significantly increased between 2020 (n=918 deaths) and 2021 (n=1,059).[5]

Age-adjusted firearm death rates, Colorado 2016-2021.



Overall and homicide-related firearm deaths in Colorado were highest for residents 19-24 years of age; persons aged 65 years and older had the highest rates of firearm-associated suicide.[5] Homicide claimed the lives of 414 Colorado residents in 2022; 83 of these were in Denver County.

Age-specific firearm injury mortality rates, Colorado residents, 2020-2021.



Category is not displayed if based on fewer than three events.
Source: Vital Statistics Program, Colorado Department of Public Health and Environment. Error bars represent the lower and upper limits of the 95% confidence interval of the age-adjusted rate.

Healthcare Insurance and Access

In 2021, an estimated 12.4% of adults 18-64 years of age in Denver were lacking health insurance, similar to estimates for Colorado (12.0%) and higher than the national estimate of 10.8%.[8] Colorado had the second highest state rate of health insurance premium increase in the nation in 2023, creating additional barriers to healthcare access.[15] The number of primary care providers for every one person in Denver (Primary Care Provider Ratio) is 1:730, indicating more availability of providers than the state overall (1:1,200) and nationally (1:1,301).[7] However, only 63.1% of Denver adult residents 18-64 years of age visit a provider for a routine check-up annually, 10.5% lower than national estimates (73.6%).[8] Coloradans that identify as Black, Indigenous, or Persons of Color face disproportionate barriers to care than persons who identify as White, non-Hispanic, with a greater proportion not able to make a primary care appointment when needed (15-26% higher).[10] Barriers differentially experienced by these populations include transportation, needing to work, and childcare needs. Racial discrimination also plays a role in accessing care: the rate of Black/African American and Hispanic Coloradans cite avoiding healthcare due to unfair treatment is twice that reported by White, non-Hispanic residents (4.4-5.4% vs. 2.3% in 2021). Dentists are more scarce in Denver than state-wide, with a Dental Provider Ratio of 1:1,240 compared to 1:1,180 for Colorado, but higher than ratios for the United States (1:1,380).[7] Approximately two-thirds of Denver residents (64.7%) and Americans (64.8%) visit their dental provider annually.[8] There is a greater concentration of mental health providers in Denver (1:140) than in the state (1:230) and the nation (1:340).[7]

Telehealth

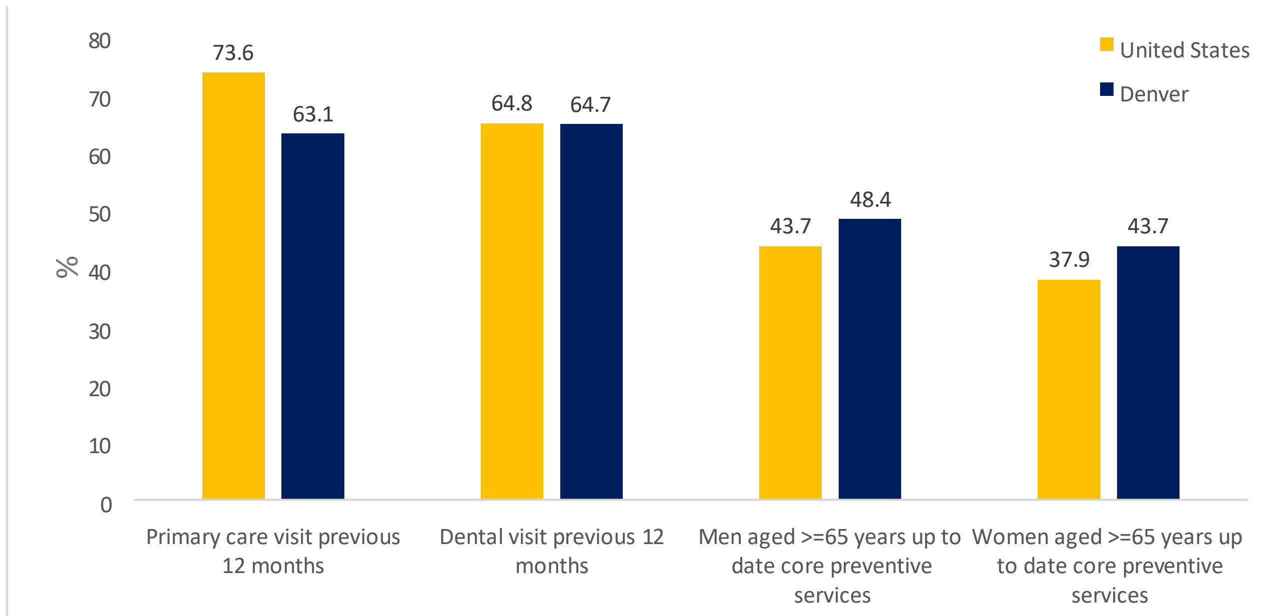
The advent of the COVID-19 pandemic facilitated rapid adoption of telehealth as a mainstream modality for care delivery in the United States. In 2021, over 3.8 million service encounters were provided through telehealth in Colorado (1,263/1,000 persons).[16] Rates of telehealth utilization are higher in Denver County (613,774 healthcare service visits; 1,622/1,000 persons) than across the state. While telehealth holds promise for addressing some of the barriers associated with healthcare access, state and national data illustrate differing telehealth utilization across racial and ethnic groups. Most persons utilizing telehealth services in Colorado identify as White, non-Hispanic (43% of those utilizing telehealth), with only 18% of telehealth utilizers identifying as Hispanic, and 6%

identifying as Black/African American. The most common reason for seeking telehealth services across all racial and ethnic groups was mental health.

Preventive Care

In Denver, a lower proportion of adults (>=18 years) had an annual visit with their primary care provider and a similar annual rate of dental visits as the United States average in 2021.[8] However, the proportion of male and female older adult (>=65) residents that are up to date for core preventive care measures (flu shot past year, PPV shot ever, colorectal cancer screening, and mammogram past 2 years (women)) is greater in Denver than national estimates.

Prevalence of adults engaging in care and meeting core prevention guidelines, United States and Denver County, 2021.



Source: CDC. PLACES: Local Data for Better Health. 2021. https://places.cdc.gov/

In addition to healthcare insurance, the circumstances in which people live, work, and play, often referred to as social determinants of health, or health-related social needs, impact healthcare access and overall health.

Community Connectiveness/Social Support

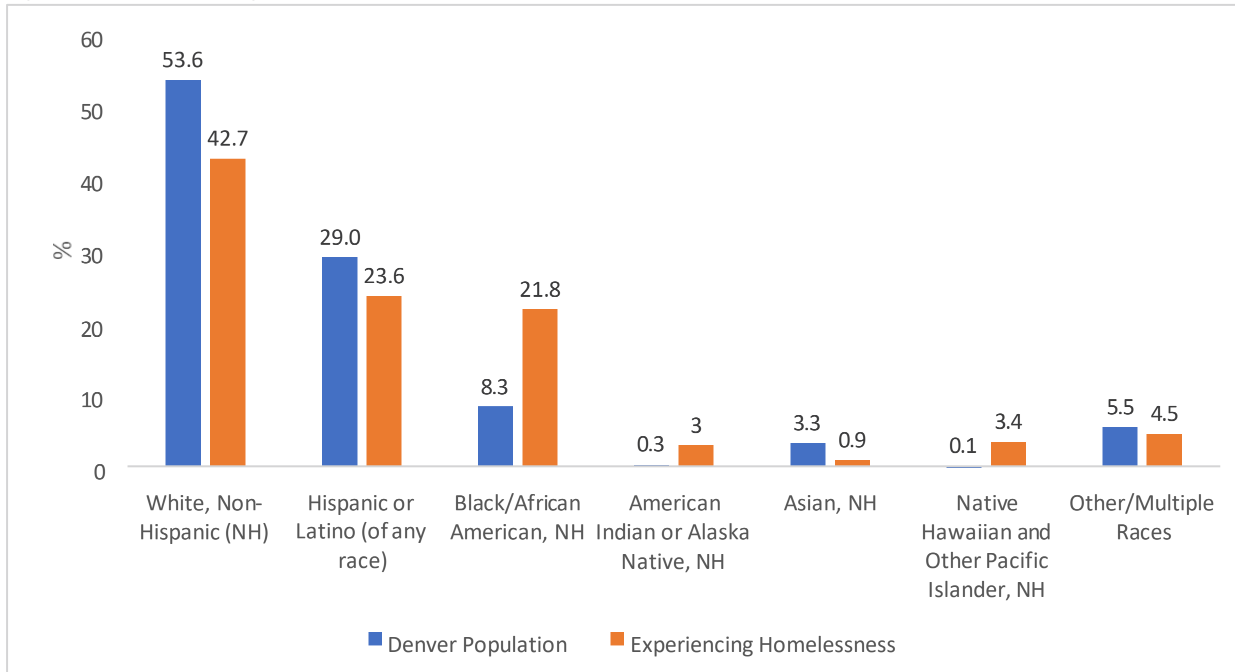
The Centers for Disease Control and Prevention (CDC) refers to social connectiveness as a sense of belonging among individuals or groups, and a recognized social determinant of health.[9] There is evidence to support higher levels of social connectiveness on well-being and health outcomes, yet there are currently no standardized approaches to measurement and minimal data on our national, state, and local populations. Limited research has shown promise of strategies including psychological therapy, group exercise programs, peer support, companion communications through telephone or other outreach, yet there remains a need to establish evidence-based approaches.

Homelessness

In 2022, there were an estimated 582,462 (rate 18/10,000) individuals experiencing homelessness in the United States.[17] During the same year, an estimated 10,397 individuals (rate 17.9/10,000) were experiencing homelessness in Colorado, a 5.6% increase since 2020. Between 2006 and 2021, the proportion of Colorado residents experiencing chronic homelessness and relying on shelters grew more than any other state (266%).[17] Two-thirds of persons experiencing homelessness in Colorado are in the 7-county Metro Denver region, estimated

at 6,888 individuals in 2022 (12.8% increase compared to 2020).[18] 4,798 of these individuals were in Denver County; 1,308 (27.3%) of whom were unsheltered. Initial estimates for Denver County in 2023 show a continued increase in persons in need, at 5,818 individuals. In Denver County, homelessness disproportionately impacts persons who identify as black, indigenous, and persons of color.

Proportion of Denver County population and persons experiencing homelessness in Denver County, 2021-2022 by race and ethnicity.



Data are from the 2021 1-year estimates for Denver County and the Point-in-Time estimate conducted in January 2022. Sources: Metro Denver Housing Initiative Point in Time Counts, 2022. http://www.mdhi.org US Census 2021 1-year population estimates, City and County of Denver. https://data.census.gov/

Food Insecurity

Food insecurity is another major barrier for the communities of Colorado and Denver. An estimated 1 in 3 (33%) Coloradans and Denver residents in 2021 were experiencing food insecurity, triple the rate in 2019.[7]

Results: Identified Health Priorities

The following health concerns, based on primary and secondary data, were reviewed by the Denver Health Community Benefit Advisory Committee: access to care, community connectedness/social support, mental health, substance use disorders, health care costs/insurance, and diabetes. Community members thought DH was overall positioned to address all of these needs. After review and scoring by the Denver Health Community Benefit Advisory Council, the three priority areas of focus for the current CHNA and three-year Community Benefit Implementation Plan were identified as:

1. Access to Care
2. Behavioral Health (Mental Health and Substance Misuse)
3. Housing and Homelessness

These focus areas were approved by the Denver Health and Hospital Authority Board on September 21, 2023.

Areas not Addressed

While the Committee did not include issues such as community connectedness/social support as a final priority area, they included discussion around the intersection of community connectedness within the identified priorities, including access and continuity of care, mental health and substance misuse, and housing stability. In addition, the Community Benefit Implementation Plan will include review of current efforts and evidence-based strategies such as peer support in facilitating improved health. Adolescent health was also not included in the final priorities due to the nature of the priority areas including individuals across the lifespan, which includes adolescents. The Committee also recognized diabetes as the only singular disease condition included in topics identified by community members and intends to consider the impact of efforts focused on improving healthcare access and facilitating resources for health-related social needs (including housing stability) on individuals with chronic disease conditions.

Conclusions

The 3 health priorities identified in the current CHNA include:

- Access to Care,
- Behavioral Health (including Mental Health and Substance Misuse), and
- Housing and Homelessness.

These priorities were identified based on input from community partners, individuals in the community, and secondary data; prioritization considered burden, the presence of health disparities, existing evidence-based strategies, and the ability of Denver Health to address the issue. These priorities align with local[19] and state[20] strategic health areas of focus, and the key considerations in addressing priorities including community engagement and equity. These priorities are consistent with existing work, work we have planned, and new ventures with community partners. Working to address these priorities is meaningful work that we trust will improve the health of our Denver community.

Acknowledgements

We would like to thank our community partners and community members who have voiced their perspectives and engaged with Denver Health over the years to continuously reflect and improve upon our approaches and strategies to support and optimize the health of our greater Denver community. We are appreciative of the organizational leaders and individuals who took time to complete our survey or engage in discussions to identify top health concerns in Denver. The written content and input through facilitated dialogue will be used to inform details of our Community Benefit Implementation Plan. We appreciate the time and investment of our internal Denver Health Community Benefit Advisory Board (see Appendix D for members). Finally, we would like to express our gratitude to the many additional staff members across Denver Health who have provided support and guidance through this effort, including navigating data sources, connecting with community groups, and aligning with organizational efforts. We specifically would like to thank Abbie Steiner, Stephanie Nunez, Steve Federico, and Sarah Belstock.

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Appendices

Appendix A: Denver Health Community Benefit Annual Public Meeting

Appendix B: Denver Health Community Benefit Public Survey

Appendix C: Facilitate Denver Health Community Benefit Public Survey Conversation

Appendix D: Members of the Denver Health Community Benefit Advisory Council

Appendix A: Denver Health Community Benefit Annual Public Meeting

Methods

Denver Health and Hospital Authority held two online forums on June 12, 2023 one each within and outside business hours with both Spanish and American Sign Language simultaneous interpretation offered. These forums were advertised through an e-mail invitation that was sent to 180 community leaders, as well as public notices in the June 2 and 9 editions of Colorado Politics and in the June 2 editions of LaVoz and Westword.

The meeting followed an agenda including review and feedback regarding Community Benefit Implementation Plan Activities in 2022, and recommended Community Benefit priorities for the 2023 CHNA. Feedback was requested verbally and through the zoom chat feature. The questions prompting participant Community Benefit engagement included:

- What feedback do you have for Denver Health regarding their community benefit work?
- We are beginning a new community health needs assessment. What are the top three health concerns in your community?

Results

We recorded the following 12 participants from organizations outside Denver Health. The participants included representatives of health alliances, refugee services, advocacy organizations, and health care.

Name	Organization	Title / Position
Vicente Cardona	Mile High Health Alliance	Executive Director
Mandy Ashley	Aurora Health Alliance	Executive Director
Victoria Nava-Watson	Denver Public Library System	Community Engagement Manager
Alexandra Soto	Spring Institute	Program Manager
Kerin May	Spring Institute	Interpretation Coordinator I
Deborah Ward-White	Families Forward Resource Center	Family Advocate
Gerald O. Caldwell	Families Forward Colorado	Family Advocate
Erin Ostlie-Madden	Center for Health Progress	Member
Gillian Brautigam	Center for Health Progress	Member

Carly Weisenberg	Center for Health Progress	Senior Health Care Organizer
Joe Sammen	Center for Health Progress	Co-Executive Director
Carla Mickelson	Colorado Coalition for the Homeless	Community Health Nurse Manager

Participants in the public meeting were very grateful to Denver Health and noted that we were doing work that supports the community. They stressed the importance of partnership and recommended the following areas for focus:

- Affordable and safe housing
- Community connectedness (including connecting patients to organizations that do grassroots organizing work)
- Social support (especially for patients who have a hospital/jail/street trajectory maybe due to cognitive and memory issues)
- Access to care, including:
    a. Primary care after ED visits
    b. Effective prenatal care for young African American mothers
    c. Higher levels of care for patients who are unable to be successful at nursing homes due to SUD, behavior issues, needing housing and community based services
    d. Substance use disorder services
    e. Care provided outside traditional health care settings
        i. Helping the Black community get proper medical care (e.g., blood pressure checks and diabetes care); using outreach, transportation options, utilizing mobile vans or barber shops
- Fatherhood (recognizing this is very special and that now is time to change what a father is- a great provider, but also a nurturing man- we need to nurture our children).

Appendix B: Denver Health Community Benefit Public Survey

Methods

A brief survey was created to further solicit input from community-based organizations, community members, and patients and members of existing Denver Health Community Advisory Committees to identify community health priorities.

This survey was distributed to contacts including:

- A list of 180 community organization and local government leaders who were invited to the annual DH community benefit presentation, and people they passed the survey to via direct email distribution lists, newsletters, and social media
- The Denver Health Patient and Family Advisory Committee, a committee

- The Denver Health Office of Research Community Advisory Panel

The survey solicited responses to two primary questions with response options based on priorities identified in the Community Benefit Public Meeting and known community health domains.
The primary questions were:

- What are the TOP 3 health concerns in your community?
- What 3 areas do you think Denver Health can most impact?

The survey also included open-ended responses for specification on why the issues selected are important, how Denver Health could best impact the issue or concern, and for suggestions of additional community partners that would be useful in addressing priorities.

Participants were also asked to describe themselves based on various demographic questions and type of organizational affiliation for respondents from community-based organizations.

Results

Participants: Community Based Organizations

Characteristics of Community Partners who Responded to the Community Benefit Public Survey (n=19).

	n (%)
Type of Organization	
Advocacy	1 (5.3)
City/State Government	6 (31.6)
Community Based Organization	6 (31.6)
Education	1 (5.3)
Health-Related Social Needs/Social Services	2 (10.5)
Mental Healthcare	3 (15.8)
Age	
18-24	1 (5.3)
25-34	2 (10.5)
35-44	6 (31.6)
45-54	6 (31.6)
55-64	3 (15.8)
65 or older	1 (5.3)
Gender	
Female	15 (78.9)

Male	3 (15.8)
Non-Binary	1 (5.3)
Ethnicity	
Hispanic, Latino, Spanish, or Mexican	11 (57.9)
Non-Hispanic	6 (31.6)
Prefer Not to Answer	2 (10.5)
Race	
White	9 (47.4)
Black or African American	1 (5.3)
American Indian or Alaska Native	1 (5.3)
Asian	3 (15.8)
Native Hawaiian or Pacific Islander	0 (0.0)
Other/Multiple Races	3 (15.8)
Prefer Not to Answer	1 (5.3)

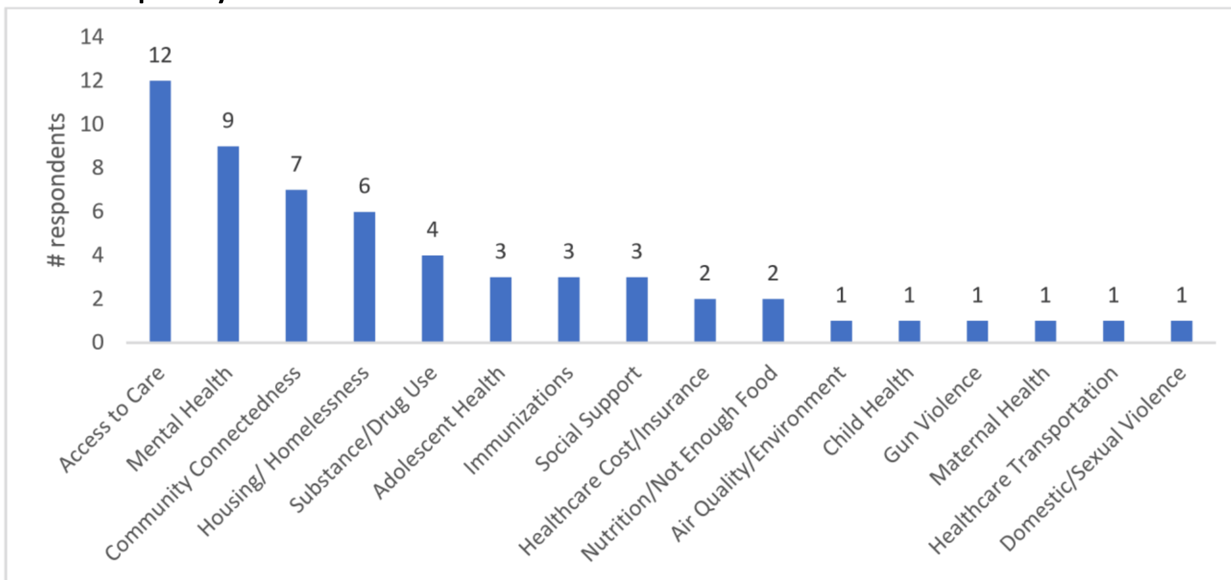
Participants: Community Members

Characteristics of Individual Community Members who Responded to the Community Benefit Public Survey (n=15).

	n (%)
Age	
18-34	0 (0.0)
35-44	5 (33.3)
45-54	3 (20.0)
>=55	5 (33.3)
Prefer Not to Answer	2 (13.3)
Gender	
Female	9 (60.0)
Male	4 (26.7)
Non-Binary	0 (0.0)
Prefer Not to Answer	2 (13.3)
Ethnicity	
Hispanic, Latino, Spanish, or Mexican	3 (20.0)
Non-Hispanic	9 (60.0)
Prefer Not to Answer	3 (20.0)
Race	
White	7 (46.7)
Black or African American	3 (20.0)
American Indian or Alaska Native	1 (6.7)
Asian	0 (0.0)
Native Hawaiian or Pacific Islander	0 (0.0)
Other/Multiple Races	4 (26.7)

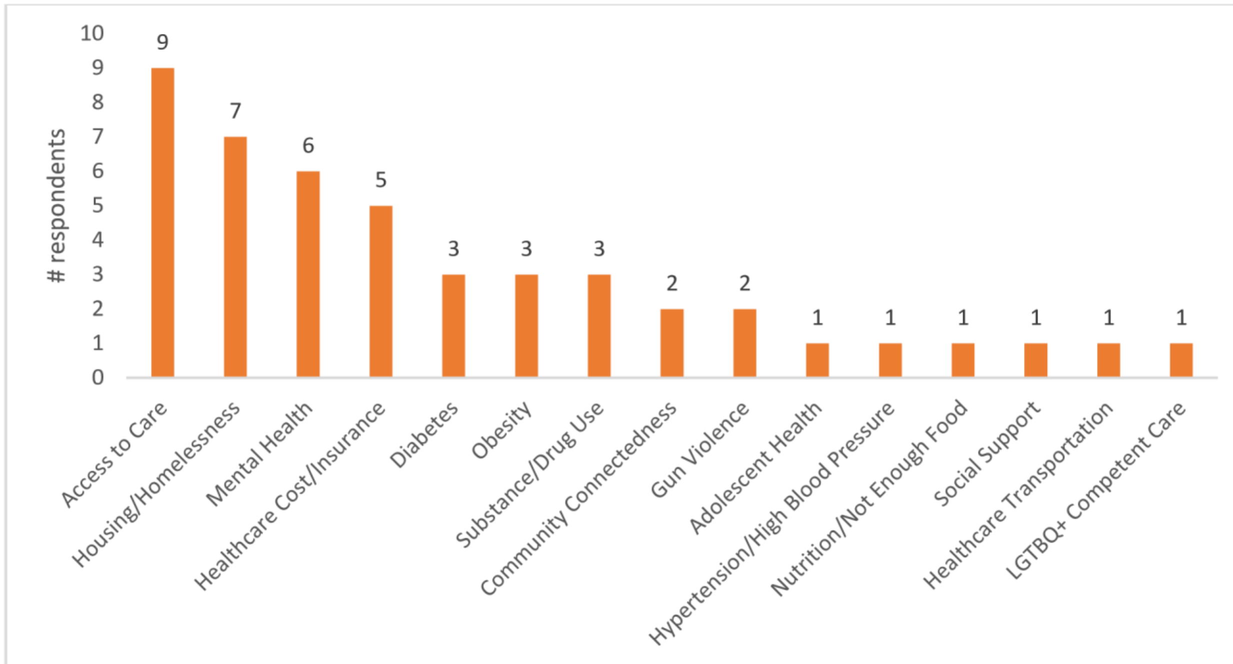
Prefer Not to Answer	0 (0.0)
Zip Code of Residence	
80004	1 (6.7)
80011	1 (6.7)
80014	1 (6.7)
80134	1 (6.7)
80204	1 (6.7)
80205	2 (13.3)
80211	1 (6.7)
80220	1 (6.7)
80223	1 (6.7)
80226	1 (6.7)
80231	1 (6.7)
80239	1 (6.7)
Prefer Not to Answer	2 (13.3)

Top 3 Health Priorities – Community Based Organizations (for the Communities you Serve or Represent) **Counts of Health Priorities Identified by Community Based Organization Respondents (n=19). Each respondent was asked to select 3 priority areas.**



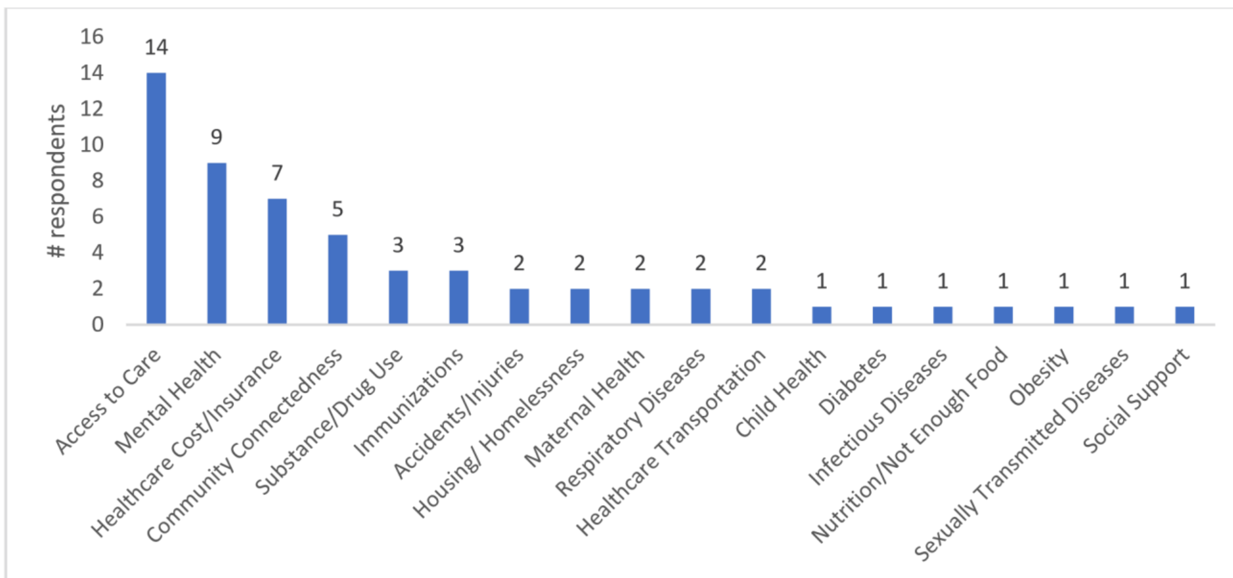
Top 3 Health Priorities – Community Members

Counts of Health Priorities Identified by Community Members (n=15). Each respondent was asked to select 3 priority areas.



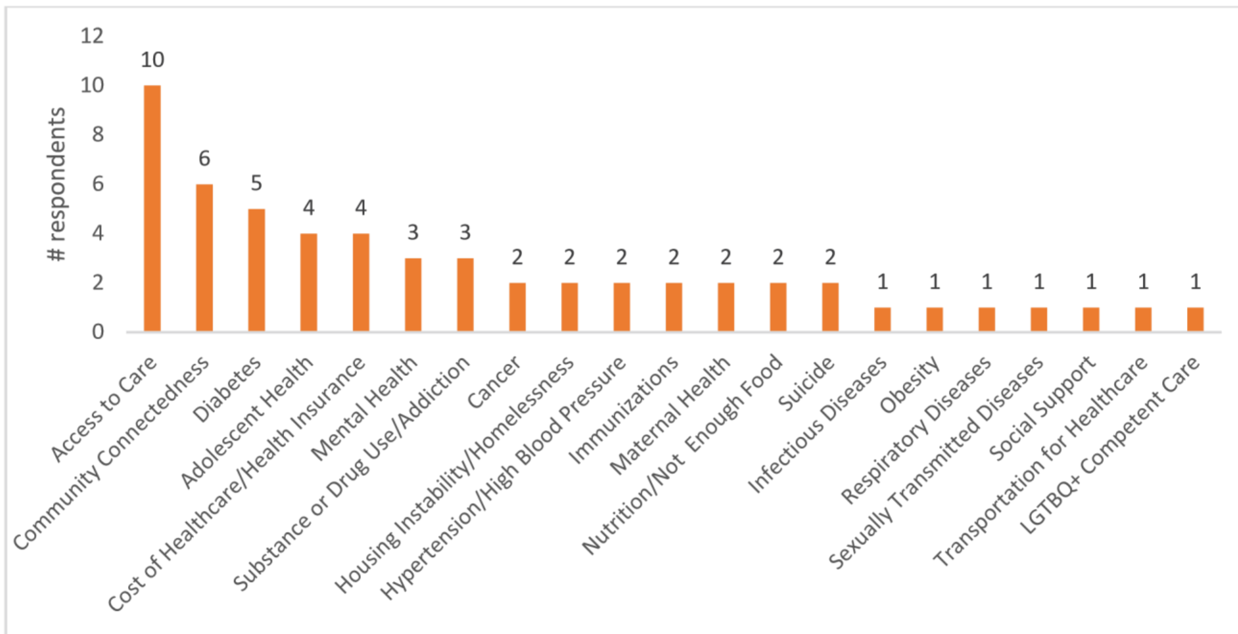
Top 3 Health Topics that Denver Health Could Most Impact – Community Based Organizations (for the Communities you Serve or Represent)

Counts of Health Topics that Denver Health Could Most Impact, Identified by Community Based Organization Respondents (n=19). Each respondent was asked to select 3 health topic areas.



Top 3 Health Topics that Denver Health Could Most Impact – Community Members

Counts of Health Topics that Denver Health Could Most Impact, Identified by Community Member Respondents (n=15). Each respondent was asked to select 3 health topic areas.



Recommended Organizations for DH to Partner with to Improve Health Priorities

Participants also recommended organizations with which Denver Health could partner to improve community health:

- 9 to 5
- Asian Chamber of Commerce
- Asian Pacific Development Center
- Behavioral Health Administration
- Catholic Charities Colorado
- Center for African American Health
- Chanda Center for Health Advocacy
- City and County of Denver
- Clothes for Kids
- Colorado Access
- Colorado Asian Pacific United
- Colorado Coalition for the Homeless
- Colorado Department of Human Services
- Colorado Health Facilities Authority
- Denver Asian American Pacific Islander Commission
- Denver Colorado Cross-Disability Coalition
- Denver Rescue Mission
- Dress for Success Denver
- El Grupo Vida
- Family Voices
- Food Bank of the Rockies
- Gathering Place
- Health Systems: HealthONE, Intermountain, University of Colorado, Fort Logan

- Healthcare Policy and Finance (HCPF)
- Metro Caring
- Mexican Consulate
- One Colorado
- Salvation Army
- Servicios de La Raza
- Thriving Families
- Village Exchange
- Well Power
- Youth Seen

Appendix C: Facilitated Denver Health Community Benefit Public Survey Conversation

Methods

On August 18, 2023 a focus group was conducted among participants attending the Denver Health Center for Addiction Medicine monthly Community Advisory Meeting to discuss community health priorities. The purpose of this group is to engage patients and other community members with lived experience with substance use and recovery in shaping programs, patient care initiatives, and research related to mental health and substance use care at Denver Health. The monthly meetings are an open roster of individuals who express interest in participation without a requirement for continued engagement; however, many of the participants are regular monthly attendees. The number of attendees monthly ranges from 15-25.

The focus group was guided based on the primary questions of the Community Benefit Public Survey, querying around the top 3 health priorities for the community and the top 3 health concerns that Denver Health could most impact. The discussion provided additional details on reasons for concern and actionable suggestions.

Results

Participants

Characteristics of Individuals who Participated in the Focus Group Discussion of Community Health Priorities During the August 2023 Center for Addiction Medicine Community Advisory Meeting (n=21).

	n (%)
Age	
18-34	2 (13.3)
35-44	2 (13.3)
45-54	10 (66.7)
>=55	6 (40.0)
Prefer Not to Answer	1 (6.7)
Gender	

Female	3 (14.3)
Male	15 (71.4)
Non-Binary	0 (0.0)
Prefer Not to Answer	3 (14.3)
Ethnicity	
Hispanic, Latino, Spanish, or Mexican	5 (23.8)
Non-Hispanic	12 (57.1)
Prefer Not to Answer	4 (19.0)
Race	
White	8 (38.1)
Black or African American	2 (9.5)
American Indian or Alaska Native	2 (9.5)
Asian	1 (6.7)
Native Hawaiian or Pacific Islander	0 (0.0)
Other/Multiple Races	0 (0.0)
Prefer Not to Answer	8 (38.1)

Top 3 Health Priorities – Community Members Attending the CAM Community Advisory Meeting

- **Housing Instability/Homelessness**
- **Mental Health**
- **Substance/Drug Use**

Top 3 Health Areas Denver Health Could Most Impact - Community Members Attending the CAM Community Advisory Meeting

- **Access to Care**
- **Housing Instability/Homelessness**
- **Mental Health**

Appendix D: Members of the Denver Health Community Benefit Advisory Council

Name	Title/Position
Brooke Bender, MPH	Administrative Director, Center for Addiction Medicine (CAM)
Ann Boyer MD, MPH	Chief Medical Information Officer
Ray Estacio, MD	Medical Director of Quality Improvement and Research, Ambulatory Care Services
Amy Friedman, MA, CPXP	Chief Experience Officer
Rocio Pereira, MD	Director, Office of Health Equity Chief of Endocrinology
Stephanie Phibbs, PhD, MPH	Associate Scientist, Research
Read Pierce, MD	Chief Quality Officer
Laura Podewils, MS, PhD	Associate Director, Learning Health Systems and Evaluation
Stephanie Syner, MSW	Project Manager II and Community Relations Coordinator
Allyson Wedley, MA	Project Specialist, Center for Equity, Diversity, and Opportunity
Lorena Zimmer	Chief Impact Officer, Center for Equity, Diversity, and Opportunity

Denver Health 2024-2026 Implementation Plan

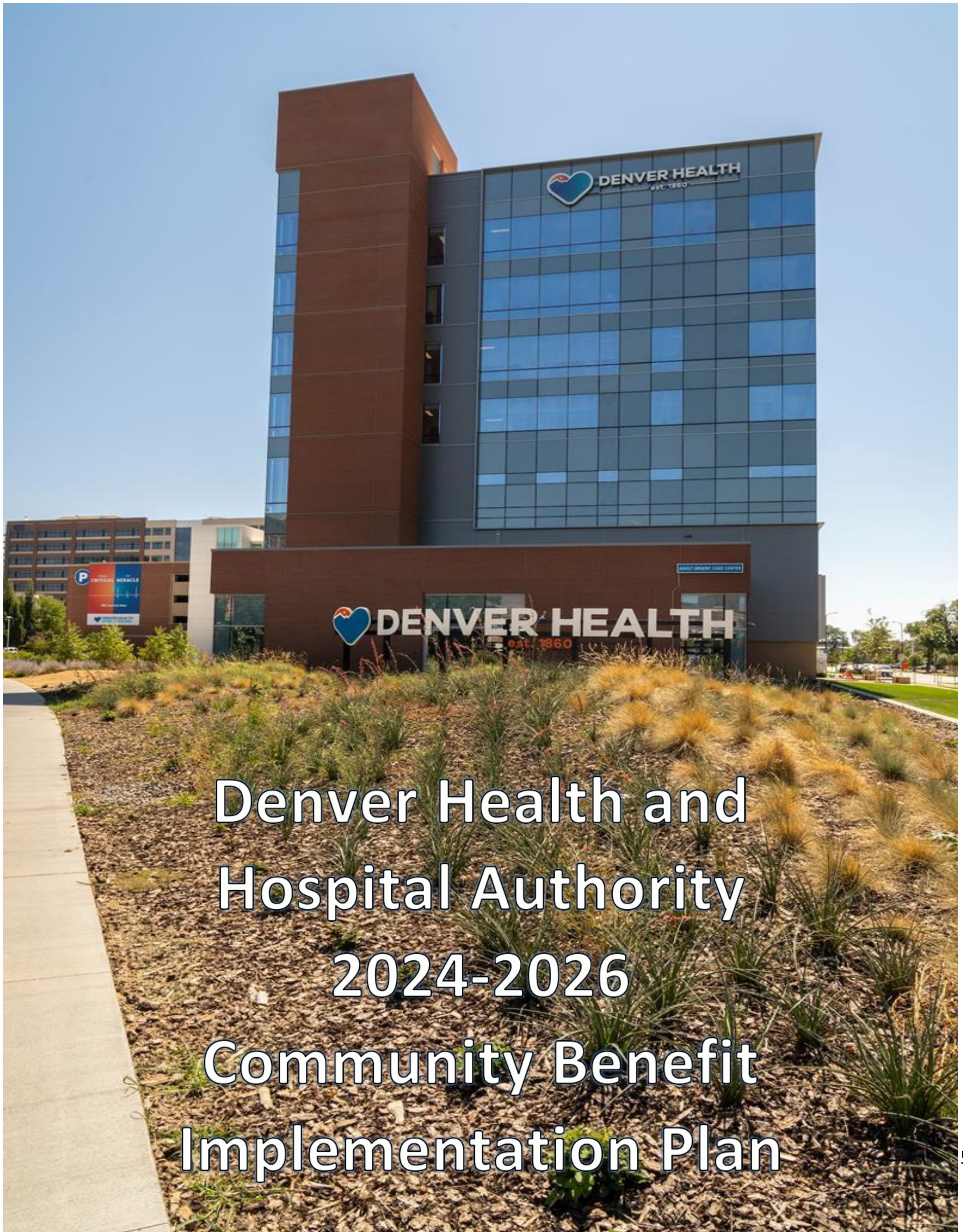


Table of Contents

INTRODUCTION 58

Our Vision 58

Our Mission 58

Our Values 58

Our Foundation 58

COMMUNITY HEALTH NEEDS 59

2023-2025 Community Health Needs Assessment (CHNA) 59

Prioritizing and Selecting Areas of Focus 59

Priority Health Needs 59

IMPLEMENTATION PLAN 60

Priority 1: Enhance Community Access to Care 60

Priority 2: Enhance Behavioral Health Services 62

Priority 3: Partnering to Enhance Access to Housing Resources 65

CONCLUSION 66

INTRODUCTION

Since 1860, Denver Health has provided health and healing to the Denver community, consistently identifying and addressing the city's most pressing health needs. The work to address these challenges is something we do more fully with strong and deep community connections. This Denver Health 2024-2026 Implementation Plan reflects our connections with the community, to jointly address health needs prioritized in our 2023 Community Health Needs Assessment. Below are our updated vision, mission, values and foundation that guide our initiatives.

Our Vision

To be the most trusted health care provider in Colorado.

Our Mission

Provide all in our community with access to the highest-quality and equitable health care regardless of their ability to pay.

Educate the next generation of health care professionals serving our community.

Engage in research and community partnerships to better deliver the health care needs of our patients.

Our Values

Respect
Belonging
Transparency
Accountability

Our Foundation

Diversity
Equity
Inclusion
Belonging

COMMUNITY HEALTH NEEDS

2023-2025 Community Health Needs Assessment (CHNA)

The Community Health Needs Assessment published by Denver Health in 2023 was informed by both opinions and perspectives collected directly from individual community members and individuals who represent various Denver-area constituencies, as well as secondary data from local, state, and national sources. Together, this process helped identify numerous critical needs in the Denver community.

Prioritizing and Selecting Areas of Focus

After receiving community input from a broad range of individuals and partner organizations, Denver Health set out a process to identify areas of focus for Denver Health's Implementation Plan. the Denver Health Community Benefit Advisory Council applied the Colorado Health Assessment and Planning System Prioritization Scoring Tool, considering factors of health condition burden, health disparities, organizational priorities, evidence-based strategies for addressing needs, and staff and financial resources, to identify the top three priorities for the 2023-2025 CHNA.

Priority Health Needs

Community members independently identified the several health priorities. After review and scoring by the Denver Health Community Benefit Advisory Council and Approval by the Denver Health and Hospital Authority Board on September 21, 2023, the three priority areas of focus for the current CHNA are:

- Access to Care
- Behavioral Health (Mental Health and Substance Misuse)
- Housing and Homelessness

IMPLEMENTATION PLAN

Denver Health's 2024-2026 Implementation plan addresses the health priorities from our most recent Community Health Needs Assessment (CHNA). This Implementation Plan addresses our three priority areas, including input from our Patient Family and Advisory Council and approval by the Denver Health Community Benefit Advisory Council, a group of executives and other leaders of the organization. This plan will be monitored for annual reporting on our efforts to address priority areas in accordance with House Bill 1320.

Priority 1: Enhance Community Access to Care

Our 2023 Community Health Needs Assessment re-emphasized Denver's need for enhanced access to health care services. Addressing this need is consistent with Denver Health's mission to "provide all in our community with access to highest-quality and equitable health care regardless of ability to pay," and Denver Health addresses this need through our implementation plan initiatives impacting health care access to high-quality equitable care. Because of Denver Health's commitment to make health care accessible, Denver Health ended 2023 with $140 million in uncompensated care for patients who are uninsured or under-insured. Beyond financial access Denver Health also increases access to care by:

- Extensive medical and behavioral telehealth, including a partnership with Denver Housing Authority, where senior adults living in low-income housing receive education on digital literacy and access to technology for virtual healthcare appointments with DH providers. Denver Health
- E-consults, significantly increase access to specialty care
- Transportation assistance to patients in need, including funding DH secured through grants and private funders through the Denver Health Foundation to provide Regional Transportation District (RTD) bus tickets and Lyft ride-share vouchers
- Outpatient care navigators that support patients in addressing social needs and accessing care.

To make care more equitable, Denver Health is committed to having a workforce with a racial/ethnic composition that mirrors the general community. In 2023, Denver Health hired a Chief Diversity, Equity, Inclusion, and Belonging Officer who works within Human Resources both to recruit and promote a diverse workforce and train the existing workforce so there is a stronger feeling of inclusion and belonging for the patients who receive care at Denver Health. This effort, combined with partnerships with community organizations to support health for individuals across the state, helps fulfill Denver Health's vision of being the most trusted health care provider in Colorado. Denver Health's Community Benefit Implementation Plan initiatives related to enhancing community access to care are outlined below in Table 1.

Table 1: Access to Care Initiatives

Goal/Priority/initiative	Activities	Impact	Outcome or evaluation metric	Existing or planned collaborations	Resources
Provide patients with access to care regardless of ability to pay	Payment of uncompensated care	Patients are afforded health care that would otherwise be unavailable	Dollars in uncompensated care	Health Care Policy & Financing	Budgeted dollars
Provide e-consults for specialty care	Various Denver Health specialty providers conduct e-consults to help reduce appointment demand	Improved specialty care access	Numbers of e-consults provided	Stout St. Clinic	Staff time
Provide access to virtual care	Provide virtual primary and specialty care services.	Improved health care access	Number of people served	Denver Housing Authority (DHA)	Staff time, equipment

Goal/Priority/initiative	Activities	Impact	Outcome or evaluation metric	Existing or planned collaborations	Resources
Transportation to services when needed	Obtain and distribute transportation vouchers, coordinate Medicaid transport, and arrange ride share for patients in need	Improved appointment attendance	Number of transportation trips provided	RTD, Lyft	Budgeted dollars, grants, state resources
Initiatives from the Chief Diversity, Equity, Inclusion, and Belonging Officer and Chief Patient Experience Officer	Enhance recruitment, training to serve the ethnically/ racially diverse population of Denver	Improved patient experience	Patient experience scores; ethnic/racial composition of the DH workforce	Community Based Organizations	Staff time
Metro Denver Partnership for Health (MDPH) participation	Ongoing collaboration with Metro-region public health and health care partners to address priority needs	Collaborative approaches to working with public health and he	Coordinated approaches to addressing community health needs	Seven-county Denver metro collaboration including local public health agencies (LPHAs), health systems, and Regional Accountable Entities	Staff time

Priority 2: Enhance Behavioral Health Services

Behavioral health, including substance misuse and mental health conditions, have been consistently identified as key issues affecting members of our community. Denver Health is the largest provider of behavioral health care and continues to prioritize increasing behavioral health services as part of its community benefit implementation plan.

Denver Health offers integrated behavioral health within our school-based health centers and community based primary health clinics. Denver Health has both adolescent and adult inpatient psychiatric wings and has also created a first in the country youth withdrawal management facility. Specific to youth violence, hen youth and adults access the emergency department for violence-related injuries, a time of heightened readiness-to-change, At-Risk Intervention and Mentoring (AIM)s available to patients to help mentor them in breaking the cycle of violence. AIM is Denver's only hospital-based violence intervention program (HVIP) that uses best practices from the National Network of Hospital-based Violence Intervention Programs (NNHVIP), trauma-informed care and a public health approach that utilizes data and research to interrupt the cycle of violence among Denver's at-risk youth and young adults.

The Center for Addiction Medicine (CAM), established in 2019, is an executive sponsored initiative responsible for coordinating a broad range of addiction services, research and evaluation, and education across the Denver Health system and the community. The CAM's vision is to be a compassionate model for the prevention and treatment of substance misuse, to transform lives and to educate all. Directed by leadership from Denver Health's outpatient behavioral health services and public health departments, the CAM is an effort to ensure there is no wrong door to optimized treatment services. The CAM operates several cross-sector workgroups and is a pivotal resource in the execution of this priority. The behavioral health initiatives within our Community Benefit implementation plan are outlined in Table 2 below.

Table 2: Denver Health Behavioral Health Initiatives

Goal/Priority/initiative	Activities	Impact	Outcome or evaluation metric	Existing or planned collaborations	Resources
Integrated Behavioral Health	Social workers are integrated into our community and school-based primary care facilities	Increased access to convenient behavioral health care services	Number of people served	Denver Health Federally Qualified Health Centers, including our community and school-based clinics.	Staff time
Substance Use Navigation (SUN) Program	*Employ substance use navigators to support community members in their recovery from substance use disorder*	Improve rates of recovery services engagement	Number of peers and navigators engaged or hired Number of people served.	City and County of Denver Contract	
At-Risk Intervention and Mentoring Program (AIM)	Collaborate with community partners to access and mentor youth and adults involved with violence at a time when there is heightened readiness to change, i.e., when patients are in the Emergency	Intervening to interrupt cycles of violence in families and communities	Number of people who receive intervention	Gang Rescue and Support Project (GRASP)	Staff time

	Department with violence-related injuries				
Center for Addiction Medicine Academy	Technical assistance and support to help implement comprehensive, trauma-informed treatment for substance use disorders (SUD).	An Educated and informed workforce and community to treat substance use disorder	Number of people trained	Health and Community partners in Colorado and the surrounding region, supporting Iowa, Kansas, Missouri, Nebraska, Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming.	Staff time
CAM Technical Resource and Information Line (TRAIL)	Provide 1) a line for community members/family with substance misuse that are ready to engage in treatment, and 2) an e-consult service for Denver Health healthcare professionals who need help screening and linking their patients with SUD to care.	Expanded access and utilization of behavioral health services	Number of treatment resources in the resource inventory Number of calls to CAM TRAIL by providers and other community members Number of hospital partners	Planning to collaborate city-wide with community resources addressing substance use disorder	Staff time
Access Transformative Outreach Program (ATOP)	Provide intensive case management with a multidisciplinary team for Colorado Access members with severe substance use disorders (18 visits in 6 months)	Reduce use of health care services	Number of patients served	Colorado Access	Staff time
Transforming Health by Reducing Inequities for the Vulnerable (THRIVE)	Inter-agency collaboration and coordination to address social needs of at-risk youth, people who are justice involved and/or experiencing homelessness	Reducing hospital and ED readmissions, self-harm and jail bookings	Number of staff trained in care coordination; Number of FTE hired for patient care; Number of patients supported	Multiple city agencies, e.g., Public Safety, Public Health and Environment, Housing Stability, as well as Colorado Access, Caring for Denver	Staff time
Integrate community voice and peer support through the CAM	Focus groups with community advisory boards for CAM programming; bolster peer support	Ensuring programs meet the needs of people with lived experience	Community voice informs CAM programs, helping address gaps in the continuum of care	DH Community Advisory Boards, Harm Reduction Action Center, Mile High Behavioral Health, DDPHE	Staff time
Family Oriented Resilience Growth and	Train future clinicians in trauma-	Prevent and provide early	Number of clinicians trained	Community organizations	Staff time

Empowerment (FORGE program)	informed non-stigmatizing care Cultivate strong community relationships to reduce stigma and other barriers to care Advance health system research with these historically marginalized families	intervention for children impacted by parental substance misuse, parental incarceration, housing instability, and intimate partner violence	Number of community education programs provided Number of families served	interested in hosting educational sessions	
CAM Continuum of Care Evaluation	Measure the effectiveness of health system protocols and interventions on engaging and retaining patients in SUD treatment	Intervention effectiveness is known and systems for monitoring can be used for ongoing quality improvement	Percentage of different populations engaged and retained in care	Denver Health departments	Staff time
Beginning Early and Assertive Treatment for Methamphetamine Use Disorder (BEAT Meth)	Develop and evaluate a comprehensive linkage and engagement and retention in treatment program for patients with methamphetamine use disorder	Establishing the effectiveness of the Beat Meth intervention	30 and 90-day treatment retention rates Health and health services outcomes	Denver Cares	Staff time
Transforming Health by Reducing Inequities for the Vulnerable - Jail to Community Overdose Intervention (THRIVE-JOI)	Care navigation and peer recovery specialists link people who have been incarcerated and have Substance Use Disorders (SUD) to medical, SUD, and other BH care and social supports	Effective linkage, retention in care, recovery, and connections to social needs, supporting overall well-being, health and social needs	Number of people served	Denver Sheriff's Department, Second Chance Center	Staff time
Utilizing Peers for Linkage, Innovation, and to Foster Thriving (UPLIFT), a Peer Support Hub and model of care	Establishing a peer support hub and supporting non-clinical approaches to enhance recovery	Level of cohesion among peer providers Clients are more engaged and retained in care	Peers feeling supported to provide care Numbers of people engaged in non-clinical support approaches	Colorado Health Foundation	Staff time
Screening, Brief Intervention and Referral to Treatment (SBIRT)	Provide screening for patients in the Emergency Room	Improved access to behavioral health care	Number of people screened	Denver Health ED	Staff time
Increase research on healthcare connections	Engage patients in research to increase behavioral health	Improve knowledge and care for patients	Number of research studies happening.	City and county of Denver, Various DH departments	Staff time

with behavioral health patients	care follow-up post discharge.				
Increase access to methadone through a mobile unit available in more locations.	Locate MoMAT unit in at least 2 locations	Improve access to methadone for patients recovering from substance misuse.	Number of people that access the MoMAT unit	Other Denver Health clincis	Staff time

Priority 3: Partnering to Enhance Access to Housing Resources

The Denver Health Community Health Needs Assessment highlighted the paramount importance of addressing homelessness in Denver. With a large percentage of our patients experiencing homelessness, we are dedicated to partnering to provide more immediate housing resources to our patients experiencing homelessness. We plan to continually improve available resources by researching the impact of homelessness on health and health care, and then by using that information to partner appropriately to link patients to housing as efficiently as possible. Below in Table 3 Denver Health's initiatives to address homelessness are detailed.

Table 3: Initiatives to Address Housing Needs and Unsheltered Homelessness

Goal/Priority/initiative	Activities	Impact	Outcome or evaluation metric	Existing or planned collaborations	Resources
Provide Transitional Housing to Denver Health patients	Lease 14 units at 655 Broadway to provide short-term bridge housing	Decrease time to connections to housing.	Number of patients housed in a 655 Broadway unit	Denver Housing Authority	Leased units
Maintain Recuperative Care Lease to Support Unhoused Patients Discharged from Denver Health	Lease 20 recuperative care beds each month	Provide access to recuperative care for patients	Number of patients discharged to Recuperative Care Beds	Colorado Coalition for the Homeless	Leased Beds
Advocate for Additional Housing Options for Unhoused People who Access Denver Health	Meeting city and state partners to identify additional opportunities to implement door-to-door transitions from Denver Health to Housing	Increase awareness of the types of housing needed by people with high health or complex needs.	Number of additional beds or units, e.g., respite, housing, treatment beds available to Denver Health patients	Colorado Department of Local Affairs, Denver City's Mayor's office, Colorado Coalition for the Homeless, Health Care Policy & Financing	Staff time
Advance Research on Homelessness and Health Care and the Impact of Housing Interventions	Point in time counts of unhoused people in the hospital; participate in evaluations of hospital-housing interventions	Provide data to support conversations and advocacy related to linking hospitals to housing	Papers written or presentations provided	Colorado Coalition for the Homeless, other local and state partners	Staff time

CONCLUSION

Denver Health Community Benefit Implementation Plan for 2024-2026 underlines our commitment to work for and with the communities we serve. This plan provides details of the different ways we are working to improve community health through 2026.

This plan will be refined and updated at least annually based on community input and internal updates, all the time working toward our vision of being the most trusted health care provider in Colorado.